

Form 990

Return of Organization Exempt From Income Tax

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013

Form sections B through M: B Check if applicable, C Name of organization (YALE-NEW HAVEN HOSPITAL), D Employer identification number (06-0646652), E Telephone number (203-688-6088), F Name and address of principal officer (RICHARD D'AQUILA), G Gross receipts (\$2,567,280,611), H(a) Is this a group return for affiliates? (No), H(b) Are all affiliates included? (No), I Tax-exempt status (501(c)(3)), J Website (WWW.YNHH.ORG), K Form of organization (Corporation), L Year of formation (1826), M State of legal domicile (CT)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission (TO PROVIDE HEALTH CARE SERVICES), 3-7a Governance metrics, 8-12 Revenue (Total: 2,360,857,530), 13-19 Expenses (Total: 2,240,229,435), 20-22 Net Assets or Fund Balances (Total: 1,018,835,704)

Part II Signature Block

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

Signature fields: Officer (JAMES STATEN, CFO), Preparer (Christopher B. Boggs, ERNST & YOUNG U.S., LLP), Date (8/15/14), PTIN (P00032493), Firm's EIN (34-6565596), Firm's address (111 MONUMENT CIRCLE, SUITE 4000, INDIANAPOLIS, IN 46204), Phone no. (317-681-7000)

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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning OCT 1, 2012, and ending SEP 30, 2013

2012

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

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.

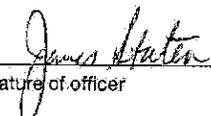
| | | | | |
|-----------------------------|-------------------------------------|--|----|-------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>2360857530</u> |
| 2a Form 990-EZ check here | <input 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 2012 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 acknowledgement 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 8/13/14 Title CFO

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 signature  Date 8/13/14 Check if also paid preparer Check if self-employed ERO's SSN or PTIN P00315411

Firm's name (or yours if self-employed), address, and ZIP code YALE NEW HAVEN HEALTH SERVICES CORP EIN 22-2529464

789 HOWARD AVENUE Phone no. 203-688-9585

NEW HAVEN, CT 06519

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 (if based on all information of which the preparer has any knowledge).

Paid Preparer Use Only

Print/type preparer's name Christopher B. Boggs Preparer's signature  Date 08/05/14 Check if self-employed PTIN P00032493

Firm's name ERNST & YOUNG U.S., LLP Firm's EIN 34-6565596

Firm's address 111 MONUMENT CIRCLE, SUITE 4000 Phone no. 317-681-7000

INDIANAPOLIS, IN

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 1,954,277,461. including grants of \$ 2,673,987.) (Revenue \$ 2,310,325,352.) SEE SCHEDULE O.

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

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

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

4e Total program service expenses 1,954,277,461.

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 assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | X | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | X | |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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. | | |
| | 26 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 20 | | |
| 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? | | |
| 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 | |
| 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? | | |

Section C. Disclosure

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

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (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) BISHOP THEODORE L. BROOKS TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (2) JOHN L. LAHEY TRUSTEE | 1.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (3) JOSEPH R. CRESPO CHAIRMAN & TRUSTEE | 1.00 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) JULIA M. MCNAMARA VICE CHAIR & TRUSTEE | 1.00 2.00 | X | | X | | | | 0. | 0. | 0. |
| (5) THOMAS M. HANSON TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (6) WILLIAM W. GINSBERG TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (7) CARLTON L. HIGHSMITH TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (8) SUSAN WHETSTONE TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) LINDA KOCH LORIMER TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) MARVIN K. LENDER TRUSTEE | 1.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) MICHAEL H. FLYNN TRUSTEE | 1.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) RICHARD C. LEVIN TRUSTEE | 1.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) ROBERT A. HAVERSAT SEC & TRUSTEE | 1.00 2.00 | X | | X | | | | 0. | 0. | 0. |
| (14) ROBERT J. ALPERN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) THOMAS B. KETCHUM TRUSTEE | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) THANASIS M. MOLOKOTOS TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) PETER N. HERBERT, MD SR. VP & CHIEF OF STAFF | 24.00 16.00 | X | X | | | | | 860,748. | 573,832. | 76,682. |

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) MARNA P. BORGSTROM CEO | 24.00 16.00 | X | | X | | | | 1,421,258. | 947,505. | 545,209. |
| (19) BRUCE ALEXANDER TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) MARY FARRELL TRUSTEE | 1.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) MILES LASATER TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) PETER SALOVEY TRUSTEE | 1.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) VINCENT CALARCO TRUSTEE | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) LINDA MASCI TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) SISTER ROSEMARY MOYNIHAN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) JAMES P. TORGERSON TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 2,282,006. | 1,521,337. | 621,891. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 10,220,426. | 2,161,477. | 2,798,592. |
| d Total (add lines 1b and 1c) | | | | | | | | 12,502,432. | 3,682,814. | 3,420,483. |

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 **1,243**

| | 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 | 5,546,213. |
| HURON CONSULTING GROUP INC 550 W. VAN BUREN STREET, CHICAGO, IL 60607 | CONSULTING SERVICES | 4,742,258. |
| UNITEX TEXTILE RENTAL, 161 SOUTH MACQUESTEN PARKWAY, MOUNT VERNON, NY 10550 | LAUNDERING SERVICE | 4,252,582. |
| BERKLEY RESEARCH GROUP LLC, 2200 POWELL STREET, SUITE 200, EMERYVILLE, CA 94608 | CONSULTING SERVICES | 3,382,207. |
| MASON, INC 23 AMITY RD, BETHANY, CT 06524 | ADVERTISING | 3,068,524. |

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 **233**

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) PEYTON R. PATTRSON- TERM 10/4/1 TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (28) HON. BARRINGTON D. PARKER-TERM 10 TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (29) ANNEMARIE LINDSKOG-TERM 10/4/12 TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (30) PAUL N. PATTON VP | 40.00 0.00 | | | X | | | | 482,065. | 0. | 132,869. |
| (31) WILLIAM J. ASELTYN SR. VP | 14.00 26.00 | | | X | | | | 264,383. | 490,996. | 195,172. |
| (32) KEVIN F. WALSH VP | 40.00 0.00 | | | X | | | | 452,697. | 0. | 130,870. |
| (33) ABE LOPMAN SR VP | 40.00 0.00 | | | X | | | | 628,308. | 0. | 162,267. |
| (34) THOMAS D. LEARY VP | 38.00 2.00 | | | X | | | | 400,702. | 21,089. | 145,901. |
| (35) JAMES M. STATEN SR VP | 24.00 16.00 | | | X | | | | 667,658. | 445,104. | 345,337. |
| (36) VINCENT PETRINI SR VP | 40.00 0.00 | | | X | | | | 519,465. | 0. | 143,219. |
| (37) KEVIN A. MYATT SR VP | 24.00 16.00 | | | X | | | | 457,255. | 304,837. | 205,841. |
| (38) THOMAS J. BALCEZAK VP | 40.00 0.00 | | | X | | | | 519,300. | 0. | 151,914. |
| (39) STEPHEN M. MERZ VP | 40.00 0.00 | | | X | | | | 345,528. | 0. | 122,567. |
| (40) RICHARD D'AQUILA PRESIDENT & COO | 30.00 10.00 | | | X | | | | 1,063,226. | 354,409. | 330,514. |
| (41) PATRICIA S. FITZSIMONS SR VP | 40.00 0.00 | | | X | | | | 673,816. | 0. | 35,367. |
| (42) DANIEL BARCHI SR VP | 16.00 24.00 | | | X | | | | 136,261. | 545,042. | 235,940. |
| (43) CYNTHIA SPARER SR VP | 40.00 0.00 | | | X | | | | 568,615. | 0. | 143,860. |
| (44) MICHEAL HOLMES-HIRED 3/18/13 SR VP | 40.00 0.00 | | | X | | | | 0. | 0. | 0. |
| (45) SUHER BAKER CHIEF DENTISTRY | 40.00 0.00 | | | | | X | | 445,535. | 0. | 31,284. |
| (46) VICTOR MORRIS VP | 40.00 0.00 | | | | | X | | 450,526. | 0. | 94,933. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 1,181,426. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 12,457,284. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 25,546,868. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 937,559. | | | | |
| | h | Total. Add lines 1a-1f | | 39,185,578. | | | | |
| | Program Service Revenue | 2 a | INPATIENT SERVICES | Business Code 612990 | 1,293,638,755. | 1,293,638,755. | | |
| b | | OUTPATIENT SERVICES | 621400 | 988,049,917. | 988,049,917. | | | |
| c | | LABORATORY SERVICES | 621500 | 1,227,409. | | 1,227,409. | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f | | 2,282,916,081. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 3,705,938. | | | 3,705,938. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | Less: cost or other basis and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | 7,930,101. | | | 7,930,101. |
| | 8 a | Gross income from fundraising events (not including \$ 1,181,426. of contributions reported on line 1c). See Part IV, line 18 | a | | 216,244. | | | |
| | | Less: direct expenses | b | | 505,683. | | | |
| | | Net income or (loss) from fundraising events | | | -289,439. | | | -289,439. |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| Less: direct expenses | | b | | | | | | |
| Net income or (loss) from gaming activities | | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | | |
| | Less: cost of goods sold | b | | | | | | |
| | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a | CAFETERIA/VENDING | | 900099 | 10,814,697. | 10,814,697. | | | |
| | OTHER ANCILLIARY SERVICES | | 900099 | 10,148,301. | 8,109,793. | 2,038,508. | | |
| | PARKING | | 900099 | 6,433,469. | 6,433,469. | | | |
| | All other revenue | | 900099 | 12,804. | 12,804. | | | |
| | Total. Add lines 11a-11d | | | 27,409,271. | | | | |
| 12 | Total revenue. See instructions. | | | 2,360,857,530. | 2,307,059,435. | 3,265,917. | 11,346,600. | |

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 to any question in this Part IX X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 2,627,987. | 2,627,987. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 46,000. | 46,000. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 15,023,140. | | 15,023,140. | |
| 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 | 757,126,127. | 659,802,302. | 95,782,123. | 1,541,702. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 59,643,123. | 51,182,420. | 8,350,037. | 110,666. |
| 9 Other employee benefits | 134,767,927. | 118,342,364. | 16,169,585. | 255,978. |
| 10 Payroll taxes | 59,045,196. | 50,669,312. | 8,266,327. | 109,557. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 3,920,714. | 3,371,814. | 548,900. | |
| c Accounting | 691,945. | 691,945. | | |
| d Lobbying | 537,753. | 537,753. | | |
| 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.) | 549,743,687. | 472,156,016. | 76,718,579. | 869,092. |
| 12 Advertising and promotion | 38,222. | 32,871. | 5,351. | |
| 13 Office expenses | 62,495,448. | 53,582,389. | 8,749,363. | 163,696. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 41,099,192. | 36,464,788. | 4,634,404. | |
| 17 Travel | 3,348,962. | 2,834,029. | 468,855. | 46,078. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 23,920,221. | 23,920,221. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 107,956,660. | 66,555,281. | 41,401,379. | |
| 23 Insurance | 16,540,834. | 16,197,480. | 343,354. | |
| 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 | 377,784,013. | 377,784,013. | | |
| b PROPERTY TAXES | 7,585,345. | 6,523,397. | 1,061,948. | |
| c LINEN & LAUNDERING SERV | 6,159,552. | 5,297,215. | 862,337. | |
| d BOOKS & SUBS/DUES/FEES/ | 3,635,293. | 2,946,403. | 537,471. | 151,419. |
| e All other expenses | 6,492,094. | 2,711,461. | 441,845. | 3,338,788. |
| 25 Total functional expenses. Add lines 1 through 24e | 2,240,229,435. | 1,954,277,461. | 279,364,998. | 6,586,976. |
| 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 to any question in this Part X

| | | (A) | | (B) | |
|-----------------------------|--|---|--------------------|----------------|----------------|
| | | Beginning of year | | End of year | |
| Assets | 1 | Cash - non-interest-bearing | 713,340. | 1 | 798,304. |
| | 2 | Savings and temporary cash investments | 179,102,229. | 2 | 85,147,935. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 266,904,803. | 4 | 302,984,845. |
| | 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 | 28,005,656. | 8 | 27,341,514. |
| | 9 | Prepaid expenses and deferred charges | 70,504,713. | 9 | 122,316,376. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,619,171,614. | | |
| | 10b | Less: accumulated depreciation | 10b 678,094,561. | | |
| | 10c | | 990,067,713. | 10c | 941,077,053. |
| | 11 | Investments - publicly traded securities | 364,400,629. | 11 | 458,558,301. |
| | 12 | Investments - other securities. See Part IV, line 11 | 361,549,934. | 12 | 511,718,561. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 218,448,120. | 15 | 208,366,852. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,479,697,137. | 16 | 2,658,309,741. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 299,924,563. | 17 | 316,936,555. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 53,625,335. | 19 | 47,296,575. |
| | 20 | Tax-exempt bond liabilities | 468,167,766. | 20 | 556,562,209. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 252,000,000. | 23 | 132,000,000. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 656,569,108. | 25 | 586,678,698. |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,730,286,772. | 26 | 1,639,474,037. |
| 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 | 676,221,331. | 27 | 931,200,888. |
| | 28 | Temporarily restricted net assets | 46,444,699. | 28 | 60,479,892. |
| | 29 | Permanently restricted net assets | 26,744,335. | 29 | 27,154,924. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 749,410,365. | 33 | 1,018,835,704. | |
| 34 | Total liabilities and net assets/fund balances | 2,479,697,137. | 34 | 2,658,309,741. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,360,857,530. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,240,229,435. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 120,628,095. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 749,410,365. |
| 5 | Net unrealized gains (losses) on investments | 5 | 72,290,201. |
| 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 | 76,507,043. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,018,835,704. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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 type="checkbox"/> Consolidated basis <input checked="" 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 | |

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|--|--------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | | % |
| 16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>11,382.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>80,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>30,822.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>20,400.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>12,100.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>11,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>45,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>14,188.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,200.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>51,741.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>9,700.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,600.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>35,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>30,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>50,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>10,150.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>50,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>7,920.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>11,905.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,900.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,990.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>7,100.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>10,100.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,516.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,560.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>12,600.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>7,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>16,250.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>17,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

YALE-NEW HAVEN HOSPITAL

06-0646652

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

| (c) Total contributions | (d) Type of contribution |
|----------------------------|--|
| \$ <u>22,520.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| \$ <u>47,815.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>21,372.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>6,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>12,600.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>19,400.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization YALE-NEW HAVEN HOSPITAL | Employer identification number 06-0646652 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>136,989.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>22,552.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>11,325.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>6,100.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>50,938.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>6,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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|--|---|
| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>100,250.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>16,524.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>40,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>127,607.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,300.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>338,863.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>80,400.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,025.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>100,107.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>6,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>11,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>85,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>455,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,093.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>30,979.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>11,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>7,150.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>12,520.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>13,400.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>100,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>12,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|---|
| | | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>50,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>226,320.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,457.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>8,335.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>30,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,250.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,285.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>55,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>233,167.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>58,875.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>208,325.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>122,916.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,450.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>100,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>73,501.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>60,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>6,200.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,003,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>90,205.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>64,608.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>14,975.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>22,210.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>7,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>12,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>7,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>50,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,904.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>50,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>139,890.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>15,153.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,067.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>5,000.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>12,000.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>369,525.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,130.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>120,000.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>5,000.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------|-----------------------------------|----------------------------|--|
| | | \$ <u>9,456,533.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>586,642.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>119,395.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ <u>714,591.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| 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 |
|------------------------------|---|--|----------------------|
| 17 | STOCKS _____ _____ _____ | \$ 51,741. | 01/24/13 |
| 55 | STOCKS _____ _____ _____ | \$ 21,372. | 11/29/13 |
| 117 | STOCKS _____ _____ _____ | \$ 226,320. | 10/29/12 |
| 134 | STOCKS _____ _____ _____ | \$ 122,916. | 12/04/12 |
| 160 | GIFT CARDS AND GIFT BAGS _____ _____ _____ | \$ 15,153. | 09/30/13 |
| 161 | COFFEE/BAGELS/CREAM CHEESE _____ _____ _____ | \$ 5,000. | 04/01/13 |

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| 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 |
|------------------------------|--|--|----------------------|
| 162 | TOYS, CHRISTMAS PRESENTS, PILLOWS & CASES | \$ 5,067. | 12/10/13 |
| 163 | 3 NINTENDO DS 3D & 6 3D, VARIOUS LEAPSTER FX | \$ 5,000. | 10/10/13 |
| 164 | BRONZE SCULPTURE BY FRANK NINIVAGG, MD TITLED | \$ 12,000. | 03/28/13 |
| 165 | PRIVATELY HELD STOCK | \$ 369,525. | 09/18/13 |
| 166 | LUNCH PARTY FOOD AND BEVERAGE | \$ 5,130. | 03/04/13 |
| 167 | MEDICAL OFFICE CONDOMINIUM | \$ 120,000. | 01/24/13 |

Name of organization

Employer identification number

YALE-NEW HAVEN HOSPITAL

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 |
|------------------------------|--|--|----------------------|
| 168 | WATER BOTTLES, GIFT CARDS, BIKE | \$ 5,000. | 05/30/13 |
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| Name of organization YALE-NEW HAVEN HOSPITAL | Employer identification number 06-0646652 |
|--|---|

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

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.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

LHA

232041
01-07-13

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. | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,000. | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (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 | | 369,274. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 167,979. |
| j Total. Add lines 1c through 1i | | | 537,753. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2013. THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed status.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic area, historic structure), a table for held at end of tax year (2a-2d), and questions 3-9 regarding monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements and amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 63,422,000. | 62,861,000. | 68,085,000. | 70,535,000. | 79,290,000. |
| b Contributions | 0. | 2,000. | 2,000. | | |
| c Net investment earnings, gains, and losses | 6,181,000. | 7,683,000. | 2,814,000. | 5,501,000. | -575,000. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 6,342,000. | 7,124,000. | 8,040,000. | 7,951,000. | 8,180,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 63,261,000. | 63,422,000. | 62,861,000. | 68,085,000. | 70,535,000. |

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 57.07 %
- c** Temporarily restricted endowment 42.93 %

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

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

| | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 33,163,668. | | 33,163,668. |
| b Buildings | | 246,057,471. | 75,541,781. | 170,515,690. |
| c Leasehold improvements | | 18,971,376. | 11,909,257. | 7,062,119. |
| d Equipment | | 1,298,010,058. | 590,613,797. | 707,396,261. |
| e Other | | 22,969,041. | 29,726. | 22,939,315. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 941,077,053. |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) YALE ENDOWMENT FUND | 511,718,561. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 511,718,561. | |

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

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

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

| (a) Description | (b) Book value |
|---|---------------------|
| (1) DEFERRED FINANCING COSTS | 8,079,046. |
| (2) OTHER ASSETS | 101,132,985. |
| (3) GOODWILL | 38,955,076. |
| (4) MALPRACTICE RECEIVABLE | 60,199,745. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 208,366,852. |

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

| 1. (a) Description of liability | (b) Book value |
|---|---------------------|
| (1) Federal income taxes | |
| (2) ACCRUED POST RETIREMENT BENEFITS | 200,183,911. |
| (3) OTHER LONG TERM LIABILITIES | 334,257,598. |
| (4) CAPITAL LEASES | 52,237,189. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 586,678,698. |

2. FIN 48 (ASC 740) Footnote. 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 | | | |
|---|--|-----------------------|-------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 2,415,395,857. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d 76,183,805. | |
| e | Add lines 2a through 2d | | 2e 76,183,805. |
| 3 | Subtract line 2e from line 1 | | 3 2,339,212,052. |
| 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 21,645,478. | |
| c | Add lines 4a and 4b | | 4c 21,645,478. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 2,360,857,530. |

| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|--|---|----------------------|-------------------------|
| 1 | Total expenses and losses per audited financial statements | | 1 2,236,673,655. |
| 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 2,236,673,655. |
| 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 3,555,780. | |
| c | Add lines 4a and 4b | | 4c 3,555,780. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 2,240,229,435. |

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDING OF CLINICAL PROGRAMS 6,000,000.
 NET ASSETS RELEASED FOR WINCHESTER/MCFADDEN/OTHER 7,089,653.

Part XIII Supplemental Information (continued)

| | |
|---|-------------|
| CHANGE IN UNREALIZED GAIN/LOSS ON INVESTMENTS | 50,283,638. |
| CHANGE IN MARKET VALUE OF SWAPS | 16,586,122. |
| RECLASS FROM INVESTMENT INCOME TO EXPENSES | -3,775,608. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 76,183,805. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|-------------|
| BEQUESTS, GIFTS & GRANTS | 20,776,951. |
| INVESTMENT INCOME RELEASE FROM RESTRICTIONS | 1,009,230. |
| AUXILIARY INCOME | 365,082. |
| RECLASS FOR SPECIAL EVENTS | -505,785. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 21,645,478. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|------------|
| AUXILIARY EXPENSES | 285,856. |
| EXPENSE RECLASS TO SPECIAL EVENTS | -505,684. |
| FUNDRAISING EXPENSES RECLASS FROM INVESTMENT REVENUE | 3,775,608. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 3,555,780. |

Part IV Foreign Forms

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

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

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

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

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

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

Schedule F (Form 990) 2012

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 3: COST

PART 1, LINE 3, COLUMN F:

EXPENSES \$,1,270,259

INVESTMENTS \$31,041,590

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|--|--------------|---------------------|---|
| | | CLOSER TO FREE BIKE RIGOLF/TENNIS (event type) | (event type) | 5 (total number) | |
| Revenue | 1 Gross receipts | 1,071,147. | 127,645. | 198,878. | 1,397,670. |
| | 2 Less: Contributions | 989,016. | 98,717. | 93,693. | 1,181,426. |
| | 3 Gross income (line 1 minus line 2) | 82,131. | 28,928. | 105,185. | 216,244. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 307,527. | 72,812. | 125,344. | 505,683. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (505,683) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | -289,439. |

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | <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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | <input checked="" type="checkbox"/> | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | <input checked="" type="checkbox"/> | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | <input checked="" type="checkbox"/> | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | <input checked="" type="checkbox"/> |
| 6a Did the organization prepare a community benefit report during the tax year? | <input checked="" type="checkbox"/> | |
| b If "Yes," did the organization make it available to the public? | <input checked="" type="checkbox"/> | |

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

| 7 Financial Assistance and Certain Other Community Benefits at Cost | | | | | | |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
| a Financial Assistance at cost (from Worksheet 1) | 0 | 31,662 | 124,110,000. | 58,000,000. | 66,110,000. | 2.95% |
| b Medicaid (from Worksheet 3, column a) | 0 | 292,040 | 519,540,000. | 305,341,000. | 214,199,000. | 9.56% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | 0 | 0 | 0. | 0. | | |
| d Total Financial Assistance and Means-Tested Government Programs | | 323,702 | 643,650,000. | 363,341,000. | 280,309,000. | 12.51% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 29 | 86,049 | 10,900,421. | 118,536. | 10,781,885. | .48% |
| f Health professions education (from Worksheet 5) | 5 | 3,037 | 102,479,999. | 22,708,385. | 79,771,614. | 3.56% |
| g Subsidized health services (from Worksheet 6) | 1 | 24,747 | 11,987,635. | 2,986,730. | 9,000,905. | .40% |
| h Research (from Worksheet 7) | 3 | 0 | 1,620,296. | 0. | 1,620,296. | .07% |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 12 | 1,702 | 1,825,573. | 0. | 1,825,573. | .08% |
| j Total. Other Benefits | 50 | 115,535 | 128,813,924. | 25,813,651. | 103,000,273. | 4.59% |
| k Total. Add lines 7d and 7j | 50 | 439,237 | 772,463,924. | 389,154,651. | 383,309,273. | 17.10% |

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, and primary website address

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

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

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

| Financial Assistance Policy | | Yes | No |
|---|--|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 9 | Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | X | |
| 10 | Used federal poverty guidelines (FPG) to determine eligibility for providing free care? | X | |
| If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> % | | | |
| If "No," explain in Part VI the criteria the hospital facility used. | | | |
| 11 | Used FPG to determine eligibility for providing discounted care? | X | |
| If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> % | | | |
| If "No," explain in Part VI the criteria the hospital facility used. | | | |
| 12 | Explained the basis for calculating amounts charged to patients? | X | |
| If "Yes," indicate the factors used in determining such amounts (check all that apply): | | | |
| a | <input checked="" type="checkbox"/> Income level | | |
| b | <input type="checkbox"/> Asset level | | |
| c | <input type="checkbox"/> Medical indigency | | |
| d | <input checked="" type="checkbox"/> Insurance status | | |
| e | <input type="checkbox"/> Uninsured discount | | |
| f | <input type="checkbox"/> Medicaid/Medicare | | |
| g | <input type="checkbox"/> State regulation | | |
| h | <input type="checkbox"/> Other (describe in Part VI) | | |
| 13 | Explained the method for applying for financial assistance? | X | |
| 14 | Included measures to publicize the policy within the community served by the hospital facility? | X | |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| a | <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website | | |
| b | <input checked="" type="checkbox"/> The policy was attached to billing invoices | | |
| c | <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms | | |
| d | <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices | | |
| e | <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility | | |
| f | <input checked="" type="checkbox"/> The policy was available on request | | |
| g | <input checked="" type="checkbox"/> Other (describe in Part VI) | | |

| Billing and Collections | | | |
|--|---|---|---|
| 15 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | X | |
| 16 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP: | | |
| a | <input type="checkbox"/> Reporting to credit agency | | |
| b | <input type="checkbox"/> Lawsuits | | |
| c | <input type="checkbox"/> Liens on residences | | |
| d | <input type="checkbox"/> Body attachments | | |
| e | <input type="checkbox"/> Other similar actions (describe in Part VI) | | |
| 17 | Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? | | X |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | | |
| a | <input type="checkbox"/> Reporting to credit agency | | |
| b | <input type="checkbox"/> Lawsuits | | |
| c | <input type="checkbox"/> Liens on residences | | |
| d | <input type="checkbox"/> Body attachments | | |
| e | <input type="checkbox"/> Other similar actions (describe in Part VI) | | |

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

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

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

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

If "No," indicate why:

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

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

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

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

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

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?

If "Yes," explain in Part VI.

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

If "Yes," explain in Part VI.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 57

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 1 PEDIATRIC SPECIALTY CENTER 1 PARK STREET NEW HAVEN, CT 06511 | PEDIATRICS |
| 2 YNHCH PEDIATRIC SPECIALTY CENTER AT W 100 BROADWAY NORTH NORTH HAVEN, CT 06825 | VARIOUS |
| 3 YNHH TEMPLE RADIOLOGY 1075 CHASE PARKWAY WATERBURY, CT 06708 | VARIOUS |
| 4 SMILOW CANCER HOSPITAL WATERBURY CARE 109 BOSTON POST ROAD ORANGE, CT 06477 | IMMEDIATE CARE |
| 5 SMILOW CANCER HOSPITAL LOCATION 11 HARRISON AVENUE BRANFORD, CT 06405 | CARDIAC/LAB/NUC. MED. |
| 6 SRC-ADULT OUT PSYCH SERVICES 1324 CHAPEL STREET NEW HAVEN, CT 06511 | COMMUNITY BASED CLINIC |
| 7 SRC ELDERCARE CLINIC 1354 CHAPEL STREET NEW HAVEN, CT 06511 | SENIOR ASSESSMENT CENTER |
| 8 SENIOR ASSESSMENT CENTER 137 WATER STREET NEW HAVEN, CT 06511 | DI |
| 9 YNHH @ HILL REGIONAL CAREER HIGH SCHO 1401 CHAPEL STREET NEW HAVEN, CT 06511 | VARIOUS |
| 10 SRC WOMEN, INFANT & CHILDREN PROGRAM 141 MILL HILL AVE. BRIDGEPORT, CT 06610 | VARIOUS |

Schedule H (Form 990) 2012

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

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

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

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 11 THE CENTER FOR WOUND HEALING & HYPERB 1441 CHAPEL STREET NEW HAVEN, CT 06511 | VARIOUS |
| 12 CENTER FOR WOMEN'S HEALTH AND MIDWIFE 1445 BOSTON POST ROAD GUILFORD, CT 06437 | VARIOUS |
| 13 SMILOW CANCER CARE CENTER 1453 WHALLEY AVENUE NEW HAVEN, CT 06721 | VARIOUS |
| 14 ST. RAPHAEL CAMPUS - AMITY PATIENT SE 1475 WHALLEY AVENUE NEW HAVEN, CT 06515 | LAB |
| 15 YNHH AMITY PATIENT SERVICE CENTER BLO 150 SARGENT DRIVE NEW HAVEN, CT 06511 | VARIOUS |
| 16 YNHH BLOOD DRAW/YNHH DIAGNOSTIC RADIO 1591 BOSTON POST ROAD GUILFORD, CT 06437 | CARDIAC |
| 17 YALE CARDIOLOGY 163 UNIVERSAL DRIVE NORTH HAVEN, CT 06473 | IMMEDIATE CARE |
| 18 URGENT CARE CENTER 170 BOSTON POST ROAD MADISON, CT 06443 | LAB |
| 19 SCHOOL BASED CLINIC: BARNARD ENVIRONM 175 SHERMAN AVENUE NEW HAVEN, CT 06511 | VARIOUS |
| 20 SMILOW ONCOLOGY 19 LUNAR DRIVE WOODBIDGE, CT 06525 | CANCER |

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

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

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

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 21 SMILOW ONCOLOGY 19 WEST MAIN STREET SHARON, CT 06069 | CANCER |
| 22 YNHH @ MAURA-SHERIDAN ACADEMY SCHOOL 2 DEVINE STREET NORTH HAVEN, CT 06473 | CARDIAC/LAB |
| 23 YNHH BLOOD DRAW/YMG CARDIOLOGY 2 IVY BROOK SHELTON, CT 06484 | PEDIATRICS |
| 24 PEDIATRICS 20 YORK STREET NEW HAVEN, CT 06510 | VARIOUS |
| 25 YALE-NEW HAVEN HOSPITAL/OCC HEALTH/BO 200 KENNEDY DRIVE TORRINGTON, CT 06790 | CANCER |
| 26 YNHH BRANFORD ADOLESCENT DAY HOSPITAL 2200 WHITNEY AVENUE HAMDEN, CT 06518 | UROLOGY |
| 27 YNHH UROLOGY 236 BOSTON POST ROAD ORANGE, CT 06477 | LAB |
| 28 YNHH BLOOD DRAW 240 INDIAN RIVER ROAD ORANGE, CT 06477 | CANCER |
| 29 SMILOW CANCER HOSPITAL ORANGE CARE CE 247 BROAD STREET MILFORD, CT 06460 | LAB |
| 30 YNHH BLOOD DRAW 252 E. MAIN STREET CLINTON, CT 06413 | LAB |

Schedule H (Form 990) 2012

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

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

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

| Name and address | Type of Facility (describe) |
|---|--------------------------------------|
| 31 SRC ELDERCARE CLINIC 266 STATE STREET NORTH HAVEN, CT 06473 | DI |
| 32 Y-NHH CHILDREN'S HOSPITAL BRIDGEPORT 295 EDGEWOOD AVENUE NEW HAVEN, CT 06511 | SCHOOL BASED HEALTH CENTER |
| 33 SCHOOL BASED CLINIC: TROUP MAGNET ACA 317 FOXON ROAD EAST HAVEN, CT 06513 | DI/OCC HEALTH/URGENT CARE/LAB/EKG |
| 34 YNHH AT FOXON 325 BOSTON POST ROAD ORANGE, CT 06477 | CARDIAC/OBGYN/IVF |
| 35 YMG OBSTETRICS, GYNECOLOGY & REPRODUC 330 ORCHARD STREET NEW HAVEN, CT 06511 | VARIOUS |
| 36 ORCHARD MEDICAL CENTER ORCHARD SURGIC 34 EAST INDUSTRIAL ROAD BRANFORD, CT 06405 | DI |
| 37 YNHH DIALYSIS - BRANFORD 350 SEYMOUR AVENUE DERBY, CT 06418 | CANCER |
| 38 TEMPLE MEDICAL CENTER CARDIOLOGY ASSO 405 CHURCH STREET GUILFORD, CT 06437 | CANCER/PEDIATRICS |
| 39 YNHH PSYCHIATRIC HOSPITAL PSYCHIATRY 46 PRINCE STREET NEW HAVEN, CT 06519 | VARIOUS |
| 40 PRINCE PROFESSIONAL BUILDING-PHOTO THE 48 WELLINGTON ROAD MILFORD, CT 06460 | VARIOUS |

Schedule H (Form 990) 2012

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

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

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

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 41 YNH @ HILLHOUSE SCHOOL BASED HEALTH 5 PEQUOT PARK ROAD WESTBROOK, CT 06498 | CARDIAC |
| 42 YALE CARDIOLOGY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | PEDIATRICS/ORTHO/CV |
| 43 YNHCH PEDIATRIC SPECIALTY CENTER/YALE 50 COMMERCE PARK DR MILFORD, CT 06460 | DI |
| 44 YNH DIALYSIS - MILFORD 50 HOSPITAL HILL ROAD SHARON, CT 06069 | CANCER |
| 45 SMILOW CANCER HOSPITAL CARE CENTER @ 500 ELM STREET WEST HAVEN, CT 06516 | VARIOUS |
| 46 YNH TEMPLE RADIOLOGY 533 GEORGE STREET NEW HAVEN, CT 06511 | PSYCHIATRIC |
| 47 CHILD PSYCH DAY HOSPITAL 556 MAIN STREET EAST HAVEN, CT 06512 | DI/LAB |
| 48 TEMPLE RADIOLOGY/EAST HAVEN BLOOD DRA 6 DEVINE ST. NORTH HAVEN, CT 06473 | VARIOUS |
| 49 BLOOD DRAW AND VARIOUS 60 COMMERCE STREET EAST HAVEN, CT 06512 | DENTAL |
| 50 YNH CHILD AND ADOLESCENT DAY HOSPITA 665 NORTH COLONY ROAD WALLINGFORD, CT 06492 | LAB |

Schedule H (Form 990) 2012

Part V Facility Information (continued)

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

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

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

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 51 YNH BLOOD DRAW 675 WASHINGTON STREET WEST HAVEN, CT 06516 | VARIOUS |
| 52 WEST HAVEN EMERGENCY ASSISTANCE TASKF 687 CAMPBELL AVENUE WEST HAVEN, CT 06516 | UROLOGY |
| 53 YMG UROLOGY 747 BELDEN AVENUE NORWALK, CT 06850 | PEDIATRICS |
| 54 PEDIATRIC SPECIALTY CENTER AT NORWALK 764 CAMPBELL AVENUE WEST HAVEN, CT 06516 | CARDIAC |
| 55 SRC CARDIOLOGY (YMG CARDIOLOGIST) 789 HOWARD AVENUE NEW HAVEN, CT 06519 | VARIOUS |
| 56 YNH PRIMARY CARE CENTER/WOMEN'S CENT 800 HOWARD AVENUE NEW HAVEN, CT 06611 | VARIOUS |
| 57 YALE PHYSICIANS BUILDING 84 NORTH MAIN STREET BRANFORD, CT 06405 | VARIOUS |
| | |
| | |
| | |

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 7:

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

PART II:

YALE-NEW HAVEN HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECOND LARGEST IN THE CITY OF NEW HAVEN WITH 11,436 EMPLOYEES IN 2013. THE HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT THE CITY OF NEW HAVEN. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE GREATER NEW HAVEN CHAMBER OF COMMERCE, GUILFORD CHAMBER OF COMMERCE, ECONOMIC DEVELOPMENT CORPORATION OF NEW HAVEN, REGIONAL GROWTH PARTNERSHIP, REGIONAL LEADERSHIP COUNCIL, ARTS COUNCIL OF GREATER NEW HAVEN, INTERNATIONAL FESTIVAL OF ARTS AND IDEAS, MARKET NEW HAVEN, TWEED NEW HAVEN, AND THE TENNIS FOUNDATION OF CONNECTICUT. THROUGH THESE ORGANIZATIONS, YALE-NEW HAVEN HOSPITAL ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA.

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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 HOSPITAL'S VISION IS TO PROVIDE HIGH-QUALITY HEALTHCARE AND SERVICES, AS SUCH, THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2013, YALE-NEW HAVEN HOSPITAL PROVIDED \$2.6 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

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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, 31.1% OF HOMES IN NEW HAVEN WERE OWNER-OCCUPIED COMPARED TO 68.9 PERCENT IN THE STATE OF CONNECTICUT. AS A RESULT, THE NEW HAVEN POPULATION IS INCREASINGLY MOBILE, WITH ONLY 77.3% OF RESPONDENTS INDICATING THAT THEY HAD RESIDED IN THE SAME HOUSE A YEAR AGO COMPARED TO 88% FOR THE STATE. TO REVERSE THIS TREND, YALE-NEW HAVEN HOSPITAL HAS FOCUSED ON INCREASING PERMANENT HOME OWNERSHIP THROUGH THE FOLLOWING TWO INITIATIVES.

IN 2006, YALE-NEW HAVEN HOSPITAL AND ITS MEDICAL STAFF BEGAN A MULTI-YEAR PARTNERSHIP WITH HABITAT FOR HUMANITY OF GREATER NEW HAVEN TO BUILD HOMES IN NEW HAVEN'S HILL NEIGHBORHOOD FOR LOW-INCOME FAMILIES. TO DATE, THIS COLLABORATION HAS JOINTLY BUILT SIX HOMES WITH THE MOST RECENT BUILD COMPLETED IN 2013. OVER 300 EMPLOYEE VOLUNTEERS HAVE COLLECTIVELY INVESTED MORE THAN 4,000 HOURS IN THIS PROJECT, WHILE YALE-NEW HAVEN HOSPITAL SPONSORED THE BUILDING MATERIALS FOR EACH HOME.

THE HOME OWNERSHIP MADE EASIER (H.O.M.E.) PROGRAM AT YALE-NEW HAVEN HOSPITAL PROVIDES HOSPITAL EMPLOYEES WITH UP TO \$10,000 IN FORGIVABLE LOANS TO HELP PURCHASE THEIR FIRST HOME IN THE CITY OF NEW HAVEN. THIS YEAR, THE PROGRAM HELPED 16 INDIVIDUALS. SINCE THE PROGRAM'S INCEPTION IN 2006, A TOTAL OF 112 HOMES HAVE BEEN PURCHASED BY YALE-NEW HAVEN HOSPITAL EMPLOYEES. TO DATE \$835,000 IN FINANCIAL ASSISTANCE HAS BEEN PROVIDED TO EMPLOYEES IN THE FORM OF DOWN PAYMENTS AND MORTGAGE PAYMENTS. AMONG THE HOMES PURCHASED THROUGH THE H.O.M.E. PROGRAM WAS ONE HABITAT FOR HUMANITY PROPERTY.

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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% SAID THEY WERE NOT ALWAYS ABLE TO AFFORD TO BUY VEGETABLES, FRUIT, HEALTHY OILS OR WHOLE GRAINS. OVER THE PAST FOUR YEARS, YALE-NEW HAVEN HOSPITAL HAS BEEN A PROUD SPONSOR, ALONG WITH THE CONNECTICUT MENTAL HEALTH CENTER, OF THE CITY SEED, INC. FARMER'S MARKET IN THE HILL NEIGHBORHOOD. THE FARMER'S MARKET IS HELD IN THE CONNECTICUT MENTAL HEALTH CENTER PARKING LOT ADJACENT TO THE YALE-NEW HAVEN HOSPITAL'S YORK STREET CAMPUS EACH YEAR FROM JUNE THROUGH OCTOBER AND OFFERS HEALTHY, AFFORDABLE FOOD FOR LOCAL RESIDENTS. THE 2012-2013 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER \$238,871 TO SUPPORT THE NONPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY. THROUGH THE HOSPITAL'S ANNUAL SCHOOL READINESS DRIVE, WHICH IS PART OF THE CAMPAIGN, EMPLOYEES DONATED APPROXIMATELY 14,000 SCHOOL SUPPLIES TO STUDENTS AT TWO NEW HAVEN ELEMENTARY SCHOOLS IN NEW HAVEN'S HILL COMMUNITY. IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARD AND VARIOUS COMMITTEES. YALE-NEW HAVEN HOSPITAL STAFF ALSO PARTICIPATED IN ADOPT-A-FAMILY ACTIVITIES AND A SEVERAL WINTER COAT, PERSONAL CARE ITEM AND DIAPER DRIVES.

REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS 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

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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 DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80.5% OF INDIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90% STATEWIDE.

ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECTICUT MASTERY TEST. IN RESPONSE TO THESE STATISTICS, YALE-NEW HAVEN HOSPITAL SUPPORTED A VARIETY OF EDUCATIONAL PROGRAMS IN 2013.

IN 2011, REFLECTING ITS STRONG COMMITMENT TO THE NEW HAVEN COMMUNITY AND SUPPORT OF EDUCATION, YALE-NEW HAVEN HOSPITAL COMMITTED TO A MULTI-YEAR CONTRIBUTION TOTALING \$2.0 MILLION OVER FOUR YEARS TO SUPPORT NEW HAVEN PROMISE. NEW HAVEN PROMISE IS A COLLEGE SCHOLARSHIP AND SUPPORT PROGRAM FOR THE CITY'S PUBLIC SCHOOL STUDENTS. YALE-NEW HAVEN'S CONTRIBUTION FUNDS THE INITIATIVE'S PARTNERSHIP COMPONENT. ITS GOAL IS TO MAKE HIGHER EDUCATION AN EXPECTATION AND REALITY FOR MORE NEW HAVEN STUDENTS. THE PROGRAM IS ADMINISTERED BY THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN. THOUGH THE IMPACT OF THE NEW HAVEN PROMISE PROGRAM WILL NOT BE MEASURABLE FOR SEVERAL YEARS, NEW HAVEN PROMISE HAS 220 STUDENTS ENROLLED IN 17 CONNECTICUT COLLEGES AND UNIVERSITIES.

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

PART II: OVER THE PAST SEVERAL YEARS, THE HOSPITAL HAS PROVIDED IN-KIND STAFF SUPPORT FOR THE CITY OF NEW HAVEN'S YOUTH @ WORK PROGRAM. YOUTH @ WORK IS A PUBLIC-PRIVATE PARTNERSHIP OF THE CITY OF NEW HAVEN, THE NEW HAVEN BOARD OF EDUCATION AND WORKFORCE ALLIANCE. THE PROGRAM PROVIDES SUMMER AND YEAR-ROUND OPPORTUNITIES, WORK PLACE EXPOSURE AND WORK READINESS ACTIVITIES TO YOUTH WHO MAY BE CHALLENGED BY SOCIO-ECONOMIC OR ACADEMIC BARRIERS TO WORKPLACE SUCCESS. THE PROGRAM TARGETS IN-SCHOOL YOUTH, AGES 14-21, WHO ARE NEW HAVEN RESIDENTS OR ATTEND NEW HAVEN PUBLIC SCHOOLS. EARLY WORK EXPERIENCES SERVE AS THE FOUNDATION FOR FUTURE SUCCESS IN THE WORKPLACE AND HAVE PROVEN EFFECTIVE IN HELPING YOUTH ESTABLISH CONNECTIONS WITH EMPLOYERS, ENCOURAGE RESPONSIBILITY, FOSTER INDEPENDENCE, DEVELOP TECHNICAL SKILLS, DEVELOP COMMUNICATION AND INTERPERSONAL SKILLS, CLARIFY WORK VALUES AND FUTURE WORK PREFERENCES AND ALLOW FOR INTERACTION WITH CARING ADULTS. IN 2013, FIVE STUDENTS PARTICIPATING IN THE YOUTH @ WORK PROGRAM WERE PLACED AT YALE-NEW HAVEN. THE YALE-NEW HAVEN HOSPITAL SCHOOL-TO-CAREER PROGRAM IS A MULTIFACETED INTERNSHIP AND MENTORING PROGRAM FOR NEW HAVEN PUBLIC HIGH SCHOOL STUDENTS. COMPONENTS INCLUDE AN INTERNSHIP PROGRAM (CLINICAL CAREER PATHWAYS, BUSINESS AND NON-CLINICAL TECHNICAL AND GENERAL), DEVELOPING TOMORROW'S PROFESSIONALS PROGRAM, YALE-NEW HAVEN HOSPITAL AND ACES YOUTH EMPLOYABILITY PROGRAM. NEARLY 25 STUDENTS PARTICIPATED IN THE

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SCHOOL-TO-CAREER PROGRAM IN 2013. IN ADDITION TO THE SCHOOL-TO CAREER PROGRAM, THE HOSPITAL REGULARLY HOSTS SEVERAL SCHOOL TOURS OF THE LABORATORY, DIETARY, PHARMACY, AND OTHER AREAS PROVIDING INSIGHT INTO VARIOUS HEALTH CARE CAREER OPPORTUNITIES FOR STUDENTS.

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

IN FISCAL YEAR 2013, YALE-NEW HAVEN HONORED THE LEGACY OF REVEREND MARTIN LUTHER KING, JR. THROUGH AWARDS AND SCHOLARSHIPS TO ENCOURAGE THE NEXT GENERATION OF COMMUNITY LEADERS. THIS INCLUDED A \$1,000 COMMUNITY SERVICE AWARD TO THREE HIGH SCHOOL STUDENTS IN NEW HAVEN WHO SET AN EXAMPLE IN THE COMMUNITY AND GRANTS TOTALING \$3,000 TO NEW HAVEN K - 8 SCHOOLS IN SUPPORT OF MARTIN LUTHER KING, JR. DAY ACTIVITIES THAT CARRY ON THE FALLEN CIVIL RIGHTS LEADER'S WORK AND PHILOSOPHY.

STUDENT NUTRITION IS ANOTHER AREA OF FOCUS FOR YALE-NEW HAVEN HOSPITAL, SINCE MISSING OR SKIPPING MEALS UNDERMINES CHILDREN'S ACADEMIC PERFORMANCE. IN 2013, YALE-NEW HAVEN PROVIDED A GRANT TO SUPPORT THE FOOD AND NUTRITION PROGRAM AT ST. MARTIN DE PORRES ACADEMY. AS PART OF ITS PARTNERSHIP WITH THE WASHINGTON ELEMENTARY SCHOOL, OVER THE PAST YEAR, THE HOSPITAL PROVIDED IN-KIND RESOURCES TO SUPPORT EDUCATION INITIATIVES

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RELATED TO FOOD AND NUTRITION. ADDITIONALLY, THE HOSPITAL'S OUTPATIENT NUTRITION COORDINATOR CONTINUED TO SERVES IN AN ADVISORY AND EDITORIAL CAPACITY FOR A STATE-WIDE HEALTHY BEATS NEWSLETTER FOR MIDDLE AND HIGH SCHOOL STUDENTS. YALE-NEW HAVEN ALSO PROVIDES SUPPORT TO OTHER ORGANIZATIONS ADDRESSING THE ISSUE OF FOOD INSECURITY.

IN ADDITION TO SUPPORTING YOUTH THROUGH ITS PARTNERS IN EDUCATION PROGRAMS AND COMMUNITY INVESTMENT PROGRAMS, THE HOSPITAL DONATES ANNUALLY TO LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE YOUTH WITH EDUCATIONAL PROGRAMS, AFTER-SCHOOL AND ENRICHMENT ACTIVITIES, SKILL BUILDING AND PROVIDING A PLACE TO CALL HOME. IN FISCAL YEAR 2013, THESE ORGANIZATIONS INCLUDED ACES, BOYS & GIRLS CLUB OF NEW HAVEN, CONCEPTS FOR ADAPTIVE LEARNING, FAMILY CENTERED SERVICES OF CT, L.E.A.P., SOLAR YOUTH, AND MORE.

WORKFORCE DEVELOPMENT INITIATIVES

LIKE MANY CITIES ACROSS THE COUNTRY, THE NEW HAVEN WORKFORCE HAS EXPERIENCED DIFFICULT TIMES DURING THE ECONOMIC DOWNTURN. ACCORDING TO RECENT CENSUS INFORMATION, THE UNEMPLOYMENT RATE IN THE CITY OF NEW HAVEN WAS 12.1% COMPARED TO 8.4% STATE-WIDE. AS WITH EDUCATIONAL ACHIEVEMENT, THERE IS STRONG EVIDENCE THAT HIGHER SOCIAL AND ECONOMIC STATUS AND SMALL GAPS IN INCOME EQUALITY ARE ASSOCIATED WITH BETTER HEALTH. AS THE SECOND LARGEST EMPLOYER IN NEW HAVEN, YALE-NEW HAVEN HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR EMPLOYMENT AND TRAINING PROGRAMS OFFERED BY AREA NOT-FOR-PROFIT ORGANIZATIONS SUCH AS THE ONES DESCRIBED BELOW.

IN 2011, YALE-NEW HAVEN COMMITTED TO A MULTI-YEAR DONATION TOTALING \$500,000 OVER FOUR YEARS TO SUPPORT THE CONNECTICUT CENTER FOR ARTS AND TECHNOLOGY (CONNCAT), WHICH OPENED THIS YEAR, PROVIDES TRAINING FOR APPROXIMATELY 100 LOCAL UNEMPLOYED AND UNDEREMPLOYED ADULTS A YEAR FOR PHLEBOTOMY, MEDICAL CODING AND BILLING JOBS. THE HOSPITAL ALSO PROVIDES INTERNSHIPS FOR STUDENTS BEING TRAINED AT CONNCAT. IN ADDITION TO

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FINANCIAL SUPPORT, STAFF MEMBERS FROM THE HOSPITAL SERVE ON THE CONNCAT BOARD OF DIRECTORS AND IN AN ADVISORY CAPACITY FOR THE DEVELOPMENT OF THE PROGRAM'S CURRICULUM.

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, MANY AT THE HOSPITAL. INITIALLY TARGETED TO WOMEN, THE PROGRAM NOW INCLUDES MEN. PARTICIPANTS RECEIVE CLASSROOM TRAINING AND ONE-ON-ONE MENTORING ON TOPICS SUCH AS INTERVIEWING, RESUME PREPARATION, TIME MANAGEMENT AND CUSTOMER SERVICES, AND ARE TAUGHT ABOUT WORKPLACE DIVERSITY AND MEETING EMPLOYER EXPECTATIONS.

HOSPITAL LEADERSHIP SERVES ON THE ADVISORY COMMITTEE FOR THE NEW HAVEN REENTRY ROUNDTABLE EMPLOYMENT COMMITTEE, FELLOWSHIP PLACE, JOB CORPS AND THE NEWLY FORMED STATE-WIDE HEALTH AND LIFE SCIENCES ADVISORY BOARD AS WELL AS THE GOVERNING BOARDS OF CAREER RESOURCES, INC. AND THE WORKFORCE ALLIANCE.

PART III, LINE 4: - BAD DEBT EXPENSE EXPLANATION

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

THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS. IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE

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HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE CLASSIFIED AS BAD DEBT EXPENSE. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE.

TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$102.1 MILLION AND \$69.8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY.

THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS \$53.8 MILLION AND \$47.8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES. THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED.

FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, BAD DEBT EXPENSE, AT CHARGES, WAS \$64.6 MILLION AND \$32.6 MILLION, RESPECTIVELY. FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND SEPTEMBER 30, 2012 BAD DEBT EXPENSE, AT COST, WAS \$48.3 MILLION AND \$22.0 MILLION, RESPECTIVELY. THE BAD DEBT EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (©DSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A AN ASSESSMENT ON HOSPITAL

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NET PATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, THE HOSPITAL RECEIVED \$58.0 MILLION AND \$73.2 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$33.3 MILLION AND \$51.9 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF \$73.5 MILLION AND \$56.5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY, FOR THE ASSESSMENT.

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

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

PART III, SECTION B, LINE 8 - COSTING METHODOLOGY:

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR

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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 8: - MEDICARE EXPLANATION

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

PART III, LINE 9B: - COLLECTION PRACTICES EXPLANATION

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

YALE-NEW HAVEN HOSPITAL:

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PART V, SECTION B, LINE 3: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. YALE-NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH COMMUNITY MEETINGS AND INCLUSION OF COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 7: BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, SEVEN HEALTH ISSUES WERE PRIORITIZED: ACCESS TO CARE, ASTHMA, INJURY AND VIOLENCE, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND ADDICTIONS, OBESITY AND CHRONIC DISEASE AND SEXUALLY TRANSMITTED AND COMMUNICABLE DISEASES. YALE-NEW HAVEN HOSPITAL PLANS TO FOCUS ITS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON THE FOLLOWING HEALTH PRIORITIES OVER THE NEXT THREE-YEAR CYCLE: ACCESS TO CARE, OBESITY AND CHRONIC DISEASE AND SOCIAL DETERMINANTS OF HEALTH. IN ADDITION, YALE-NEW HAVEN HOSPITAL WILL CONTINUE EXISTING PROGRAMS, SERVICES AND INITIATIVES IN THE AREAS OF ASTHMA, INJURY AND VIOLENCE, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND ADDICTIONS AND SEXUALLY TRANSMITTED AND COMMUNICABLE DISEASES.

YALE-NEW HAVEN HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY

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

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 14G:

THE FINANCIAL ASSISTANCE PROGRAM WHICH SUMMARIZES THE FINANCIAL ASSISTANCE POLICY WAS POSTED ON THE HOSPITAL FACILITY'S WEBSITE. THE FINANCIAL ASSISTANCE POLICY WILL BE POSTED ON THE WEBSITE UPON FILING THE FY 2013 TAX FILING.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 20D: PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES. AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR. THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE INDIVIDUAL'S BILLING.

PART 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

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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:

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

THE Y-NHH WEB SITE;

NEWSPAPER ADVERTISEMENTS;

THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT;

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

VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND

COLLECTION LINES; AND THROUGH THE FREE CARE DEPARTMENT. IF A PATIENT

INQUIRIES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE, AN APPLICATION IS

EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE. INSTRUCTIONS AND INCOME

GUIDELINES ACCOMPANY THE APPLICATION IN THE PACKAGE. APPOINTMENTS ARE ALSO

AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS AND THE AGENCY AND FREE

CARE COORDINATORS ARE READILY AVAILABLE EVERY THIRD MONDAY OF EACH MONTH.

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

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

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

CARE PROGRAM. THE DISCOUNTED CARE PROGRAM IS OFFERED TO PATIENTS WHO HAVE

NO INSURANCE AND DO NOT WISH TO APPLY FOR A VALID STATE DENIAL.

ELIGIBILITY IS BASED ON FAMILY SIZE AND INCOME.

IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS AND

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GUIDELINES THEN AN APPROVAL LETTER IS SENT TO THE PATIENT. IF A PATIENT IS MISSING INFORMATION OR DENIED, A LETTER TO THAT EFFECT IS SENT TO THE PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO PROCESS AN APPEAL. FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE ON THE LETTER AND DISCOUNTED CARE ELIGIBILITY IS VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER. ANY VISITS BY THE PATIENT TO THE HOSPITAL DURING THIS ELIGIBILITY PERIOD WILL BE TRACKED AND WRITTEN-OFF TO THE APPROPRIATE ALLOWANCE CODE.

PART VI, LINE 4:

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

IN 2013, THE TOTAL POPULATION OF THE HOSPITAL'S PRIMARY GEOGRAPHIC SERVICE AREA WAS ESTIMATED AT 708,808. THE PERCENTAGE OF RESIDENTS BY RACE AND ETHNICITY IN 2013 WAS 75.4% WHITE, 12.2% BLACK, 14.2% HISPANIC, 4.1% ASIAN PACIFIC AND 8.4% NATIVE AMERICAN, MULTI RACE OR OTHER. THE ESTIMATED MEDIAN HOUSEHOLD INCOME WAS \$77,095 IN MIDDLESEX COUNTY AND \$62,497 IN NEW HAVEN COUNTY.

IN ADDITION TO YALE-NEW HAVEN HOSPITAL THERE ARE THREE ACUTE CARE HOSPITALS LOCATED IN THE REGION INCLUDING GRIFFIN HOSPITAL, MIDSTATE MEDICAL CENTER AND MILFORD HOSPITAL. GAYLORD HOSPITAL, A LONG-TERM ACUTE REHABILITATION AND CHRONIC CARE HOSPITAL IS ALSO LOCATED WITHIN THE LOCAL GEOGRAPHIC AREA SERVED BY YALE-NEW HAVEN. YALE-NEW HAVEN HOSPITAL IS A

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DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY PRICING.

IN FISCAL YEAR 2013, THERE WERE 80,503 INPATIENT DISCHARGES FROM YALE-NEW HAVEN HOSPITAL. AN ESTIMATED 21% WERE EITHER MEDICAID BENEFICIARIES OR PEOPLE WHO LACKED HEALTH INSURANCE. THE HOSPITAL'S EMERGENCY DEPARTMENT PROVIDES A HEALTHCARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS. IN FISCAL YEAR 2013, THERE WERE 202,041 VISITS TO YALE-NEW HAVEN'S ADULT AND PEDIATRIC EMERGENCY DEPARTMENTS IN NEW HAVEN AND AT THE SHORELINE MEDICAL CENTER IN GUILFORD. TREATED AND DISCHARGED PATIENTS MADE UP 80% OF THE TOTAL WITH NEARLY HALF (ROUGHLY 76,135 INDIVIDUALS) IDENTIFIED AS MEDICAID BENEFICIARIES OR AS HAVING NO HEALTH CARE INSURANCE.

PATIENT ORIGIN DATA FOR FISCAL YEAR 2013 INDICATED THAT 46% OF THE PATIENTS TREATED AND DISCHARGED FROM THE HOSPITAL'S EMERGENCY DEPARTMENT AND 31% OF THE TREATED AND ADMITTED PATIENTS WERE RESIDENTS OF THE CITY OF NEW HAVEN. THE MEDIAN HOUSEHOLD INCOME FOR THE CITY OF NEW HAVEN IS \$39,094, WHICH IS \$30,149 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME OF \$69,243. AN ESTIMATED 26.3% OF FAMILIES IN NEW HAVEN WERE IDENTIFIED AS LIVING IN POVERTY COMPARED TO 9.5% STATE-WIDE.

PART VI, LINE 5:

YALE-NEW HAVEN HOSPITAL, FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT, IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL. WITH TWO INPATIENT CAMPUSES IN NEW HAVEN, YALE-NEW HAVEN HOSPITAL IS THE PRIMARY TEACHING HOSPITAL FOR THE 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

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MORE THAN 80,500 INPATIENTS AND HANDLED MORE THAN ONE MILLION OUTPATIENT ENCOUNTERS LAST YEAR. YALE-NEW HAVEN HOSPITAL INCLUDES SEVERAL OUTPATIENT CENTERS IN NEW HAVEN, NORTH HAVEN, EAST HAVEN AND GUILFORD AND NUMEROUS RADIOLOGY AND BLOOD-DRAWING SERVICES THROUGHOUT THE STATE.

EVERY YEAR, AS PART OF ITS VITAL MISSION TO PROMOTE HEALTH AND WELLNESS THROUGHOUT THE GREATER NEW HAVEN REGION, YALE-NEW HAVEN HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2013, YALE-NEW HAVEN HOSPITAL MANAGED \$383.3 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS DISCUSSED PREVIOUSLY IN PART II.

IN 2013, YALE-NEW HAVEN HOSPITAL WAS A FINALIST FOR THE FOSTER G. MCGAW PRIZE FOR EXCELLENCE IN COMMUNITY SERVICE. FIRST AWARDED IN 1986, THE FOSTER G. MCGAW PRIZE RECOGNIZES HEALTHCARE ORGANIZATIONS FOR THEIR OUTSTANDING COMMITMENT TO IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE THEY SERVE THROUGH COMMUNITY-WIDE INNOVATIVE COLLABORATION.

GUARANTEEING ACCESS TO CARE

YALE-NEW HAVEN RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. HONORING ITS MISSION AND COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING 2013, YALE-NEW HAVEN HOSPITAL PROVIDED SERVICES FOR 292,040 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$214.2 MILLION (AT COST).

YALE-NEW HAVEN HOSPITAL ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND

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FREE CARE FOR ELIGIBLE PATIENTS, AND EVEN FUNDS THE SALARIES OF THREE ON-SITE STATE DEPARTMENT OF SOCIAL SERVICES EMPLOYEES. DURING 2013, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES TO OVER 31,600 PERSONS AT A TOTAL EXPENSE OF \$66.1 MILLION (AT COST).

YALE-NEW HAVEN ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND

UNDER-REIMBURSED MEDICAID. SUBSIDIZED HEALTH SERVICES INCLUDE THE HOSPITAL'S PRIMARY CARE CENTER LOCATED ON THE YORK STREET CAMPUS AND FAMILY HEALTH CENTER ON THE SAINT RAPHAEL CAMPUS, WHICH INCLUDE ADULT, ADOLESCENT, PEDIATRIC AND WOMEN'S SERVICES.

THE HOSPITAL'S PRIMARY CARE CENTER AND FAMILY HEALTH CENTER PROVIDE OUTPATIENT MEDICAL SERVICES TO THE COMMUNITY, PRIMARILY SERVING THE UNINSURED OR UNDER-INSURED POPULATION. THE YORK STREET CAMPUS PRIMARY CARE CENTER IS THE LARGEST OUTPATIENT FACILITY IN SOUTHERN CONNECTICUT. IN FISCAL YEAR 2013, THE PRIMARY CARE CENTER HAD 23,510 VISITS TO THE ADULT MEDICINE CLINIC, 22,260 VISITS TO THE PEDIATRIC CLINIC AND 14,442 VISITS TO THE WOMEN'S CENTER, FOR A TOTAL OF 60,212 PATIENT VISITS. THE FAMILY HEALTH CENTER ON THE HOSPITAL'S ST. RAPHAEL CAMPUS HAD 8,407 VISITS TO THE ADULT PRIMARY CARE CLINIC, 8,172 TO THE PEDIATRIC PRIMARY CARE CENTER AND 4,439 TO THE OB-GYN PRIMARY CARE CENTER, FOR A TOTAL OF 21,018 PATIENT VISITS.

YALE-NEW HAVEN HOSPITAL PROVIDES ONGOING FINANCIAL AND IN-KIND SUPPORT FOR PROJECT ACCESS OF NEW HAVEN, WHICH PROVIDES TIMELY HIGH QUALITY SPECIALTY CARE FOR UNINSURED INDIVIDUALS WHO RESIDE IN THE GREATER NEW HAVEN AREA WITH THE USE OF AN INTENSIVE PATIENT NAVIGATION MODEL. MORE THAN 300 COMMUNITY PHYSICIANS DONATE THEIR SERVICES TO PROJECT ACCESS PATIENTS AND A TEAM OF FOUR PATIENT NAVIGATORS ASSIST ENROLLED PATIENTS WITH ACCESSING

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AND MANAGING CARE. SINCE SEEING THEIR FIRST PATIENT IN AUGUST 2010, PROJECT ACCESS HAS ENROLLED AND NAVIGATED MORE THAN 800 PATIENTS. THE NO-SHOW RATE FOR MEDICAL APPOINTMENTS IS THREE PERCENT AND THE VALUE OF DONATED CARE IS OVER \$12 MILLION. PATIENTS ARE REFERRED TO PROJECT ACCESS FROM THE EMERGENCY DEPARTMENTS AND PRIMARY CARE CENTERS ON BOTH THE YORK STREET AND ST. RAPHAEL CAMPUSES OF YALE-NEW HAVEN HOSPITAL, THE FAIR HAVEN COMMUNITY HEALTH CENTER, THE CORNELL SCOTT-HILL HEALTH CENTER AND COMMUNITY PRIVATE PRACTICES. PROJECT ACCESS CELEBRATED ITS THIRD ANNIVERSARY IN AUGUST 2013.

THE HOSPITAL'S ME & MY BABY PROGRAM PROVIDES INCREASED ACCESS TO CARE FOR AN UNDER-SERVED POPULATION THAT IS EITHER UNINSURED OR UNDERINSURED. OUTREACH EFFORTS FOSTER EARLY ENTRY INTO CARE, SCREENING AND DETECTION, AND ALLOW PRENATAL CARE TO BEGIN AS EARLY AS POSSIBLE IN THE FIRST TRIMESTER. THE PROGRAM FEATURES MONTHLY "SHOWERS" TO PROVIDE PARTICIPANTS WITH INFORMATION ON THE HOSPITAL'S MATERNITY PROGRAMS, BASIC CHILDBIRTH PREPARATION AND OTHER INFORMATION. ME & MY BABY IS THE ONLY PROGRAM IN THE NEW HAVEN AREA TO OFFER FREE PREGNANCY TESTING AND COUNSELING BY A REGISTERED NURSE. IN 2013, ME & MY BABY GAVE 259 NEWLY ENROLLED MOTHERS ACCESS TO PRENATAL AND PEDIATRIC CARE, HEALTH EDUCATION, CARE COORDINATION AND PRESCRIPTION DRUG COVERAGE. NEARLY 100% OF PROGRAM ENROLLEES ARE UNDOCUMENTED IMMIGRANT WOMEN OR WOMEN WHO ENTERED THE UNITED STATES WITHOUT INSPECTION OR WHO WERE ADMITTED ON NONIMMIGRANT TEMPORARY VISAS AND OVERSTAYED.

THE PRESCRIPTION ASSISTANCE PROGRAM HELPS YALE-NEW HAVEN HOSPITAL PATIENTS WHO HAVE LITTLE OR NO HEALTH INSURANCE OR PHARMACY BENEFITS OBTAIN DEEPLY DISCOUNTED MEDICATIONS. THE 340B PROGRAM ASSISTS PATIENTS WHO ARE DISCHARGED FROM THE HOSPITAL, INCLUDING THE EMERGENCY DEPARTMENT, OR ANY HOSPITAL-BASED CLINIC RECEIVE DISCOUNTED PRESCRIPTIONS. STUDIES SHOW THAT

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PATIENTS WHO CANNOT AFFORD OUTPATIENT MEDICATIONS HAVE HIGHER HOSPITAL ADMISSION, RE-ADMISSIONS, AND EMERGENCY ROOM VISIT RATES THAN THEIR COUNTERPARTS. THE HOSPITAL QUALIFIES FOR THESE FEDERAL PHARMACEUTICAL PRICING DISCOUNTS BECAUSE IT TREATS A DISPROPORTIONATELY LARGE SHARE OF UNINSURED AND UNDER INSURED PATIENTS.

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

PROMOTING HEALTH AND WELLNESS

DURING FISCAL YEAR 2013, YALE-NEW HAVEN HOSPITAL PROVIDED \$10.8 MILLION IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW.

CONNECTICUT WAS ONE OF SEVEN STATES CHOSEN BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO ADMINISTER THE WISEWOMAN (WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION) PROJECT. YALE-NEW HAVEN HOSPITAL'S YORK STREET CAMPUS AND SAINT RAPHAEL CAMPUS WERE SELECTED AS TWO OF NINE SITES IN CONNECTICUT TO BE AWARDED THIS PROGRAM. WISEWOMAN IS INTEGRATED WITHIN THE EXISTING YALE-NEW HAVEN HOSPITAL CONNECTICUT BREAST AND CERVICAL CANCER AND EARLY DETECTION PROGRAM. SERVICES INCLUDE ASSESSING CARDIOVASCULAR RISK FACTORS FOR WOMEN OVER AGE 40 THROUGH HEIGHT, WEIGHT, BLOOD PRESSURE, CHOLESTEROL, BLOOD GLUCOSE AND PERSONAL LIFESTYLE HISTORIES. IN FISCAL YEAR 2013, 493 WOMEN WERE SCREENED THROUGH THE PROGRAM.

THE HOSPITAL IS ONE OF 17 SITES IN CONNECTICUT OFFERING A COMPREHENSIVE BREAST, CERVICAL AND COLORECTAL CANCER SCREENING PROGRAM FOR MEDICALLY

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UNDERSERVED WOMEN. SERVICES SUCH AS CLINICAL BREAST EXAMS AND PAP SMEARS ARE OFFERED FREE OF CHARGE FOR ELIGIBLE WOMEN BETWEEN THE AGES OF 19 AND 64, AND MAMMOGRAMS ARE OFFERED TO WOMEN WHO ARE AGE 40 TO 64. IN FY 2013, OVER 1,000 WOMEN RECEIVED SCREENINGS THROUGH THE PROGRAM.

YALE-NEW HAVEN HOSPITAL IS A GRANT RECIPIENT OF THE KOMEN FOUNDATION PATIENT NAVIGATION FOR BREAST CANCER SCREENING. THIS COLLABORATIVE OUTREACH INITIATIVE IS FOCUSED ON OFFERING BREAST HEALTH EDUCATION AND SCREENING SERVICES TO AFRICAN AMERICAN, HISPANIC AND ANY UNDERSERVED WOMEN (AGE 50+) IN THE GREATER NEW HAVEN COMMUNITY AND HELPING THEM NAVIGATE THROUGH THE HEALTH CARE SYSTEM. THE GOAL IS TO INCREASE AWARENESS OF EARLY DETECTION TO THESE HIGH-RISK POPULATIONS, TEACH BREAST SELF-EXAMS, PROVIDE SCREENINGS, AND FACILITATE ACCESS TO APPROPRIATE DIAGNOSTIC FOLLOW UP WHEN NECESSARY. YALE-NEW HAVEN HOSPITAL'S NAVIGATION FOR BREAST CANCER AWARENESS HAS PROVIDED BREAST CANCER AWARENESS, EDUCATION AND SCREENING TO 4,000 WOMEN.

PART VI, LINE 5: THE PROGRAM SCREENED OVER 300 UNINSURED AND UNDER INSURED WOMEN AT RISK IN THE GREATER NEW HAVEN AREA (ONLY 160 OF WHICH WERE FUNDED BY SUSAN G. KOMEN), AND FROM THESE SCREENINGS, REFERRED 34 WOMEN FOR FURTHER EXPLORATION OF FINDINGS.

IN A PARTNERSHIP WITH THE CORNELL SCOTT-HILL HEALTH CENTER, THE HOSPITAL'S DIGITAL MAMMOGRAPHY VAN PROVIDES SCREENING MAMMOGRAPHY SERVICES IN THE COMMUNITY WHERE WOMEN LIVE AND WORK, IMPROVING ACCESS FOR THE ELDERLY AND UNDERSERVED POPULATIONS WHO MIGHT NOT OTHERWISE OBTAIN THESE SERVICES ON A REGULAR BASIS. IN FISCAL YEAR 2013, THE MAMMOGRAPHY VAN PERFORMED 1,986 SCREENING MAMMOGRAMS AT 45 LOCATIONS THROUGHOUT SOUTHERN CONNECTICUT, ENHANCING ACCESSIBILITY TO MAMMOGRAPHY SERVICES.

THE HOSPITAL'S SICKLE CELL PROGRAM PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLUDES PAIN MANAGEMENT, PSYCHOSOCIAL COUNSELING, AND EDUCATION FOR

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THE PATIENT, FAMILY MEMBERS, AND THE COMMUNITY AT LARGE. THE PROGRAM ASSISTS PATIENTS WITH ACCESS TO COMMUNITY RESOURCES SUCH AS MEDICAL TRANSPORTATION, MEDICATION PROGRAMS WHICH HELP TO PURCHASE NEEDED MEDICINES AT REDUCED COSTS, AND REFERRALS TO COMMUNITY RESOURCES. THE SICKLE CELL TEAM WORKS DILIGENTLY WITH THE PEDIATRIC TEAM TO ENSURE SMOOTH TRANSITION OF SICKLE CELL PATIENTS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FAMILY CENTERED CARE MODEL APPROACH. IN PARTNERSHIP WITH SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN CONNECTICUT, YALE-NEW HAVEN HOSPITAL OFFERS COMMUNITY OUTREACH, HEALTH EDUCATION AND SCREENINGS. LOCATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT SOUTHERN CONNECTICUT.

YALE-NEW HAVEN HOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND CHILDREN (WIC) SITE IN NEW HAVEN, SERVING 5,500 WOMEN AND THEIR CHILDREN. THE WIC PROGRAM STAFF REACHES OUT INTO THE COMMUNITY TO PROVIDE NUTRITIONAL COUNSELING, BREASTFEEDING EDUCATION AND FOOD FOR PREGNANT AND POSTPARTUM WOMEN AND INFANTS AND CHILDREN WHO ARE AT NUTRITIONAL RISK. WIC IS FUNDED BY A GRANT FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE.

THE SUPPLEMENTAL INFANT PROGRAM AT YALE-NEW HAVEN HOSPITAL WAS ESTABLISHED IN 2008 TO ADDRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCHING (WATERING DOWN FORMULA TO SAVE MONEY DUE TO FINANCIAL HARDSHIP) AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDREN (WIC) PROGRAM BASED AT THE HOSPITAL'S YORK STREET CAMPUS, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS. IN 2011, 26.3% OF FAMILIES LIVING IN NEW HAVEN WERE CONSIDERED BELOW THE POVERTY LEVEL, A RATE WHICH IS 16% HIGHER THAN THE STATE AVERAGE. THE SUPPLEMENTAL INFANT PROGRAM PROVIDED FORMULA FOR 390 INFANTS DURING 2013 AT NO COST TO FAMILIES TO ENSURE THESE BABIES RECEIVED ADEQUATE NUTRITION.

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THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN. THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN RECEIVING CARE AT YALE-NEW HAVEN HOSPITAL AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER. TWO CASE MANAGERS ASSESS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATED SERVICES. THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTHY START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES. IN FISCAL YEAR 2013, THE PROGRAM SERVED 260 WOMEN.

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

SINCE 1992, THE HOSPITAL HAS PROVIDED COMPREHENSIVE CARE TO LEAD-POISONED CHILDREN AND THEIR FAMILIES. THE YALE-NEW HAVEN LEAD POISONING REGIONAL TREATMENT CENTER IS ONE OF TWO REGIONAL TREATMENT CENTERS IN CONNECTICUT PROVIDING MEDICAL TREATMENT AND SOCIAL SERVICE PROGRAMS. IN FISCAL YEAR 2013, THE LEAD PROGRAM PROVIDED 3,664 PATIENT SCREENINGS, 486 IN-HOME VISITS AND 59 INFORMATIONAL PRESENTATIONS.

THE AIDS CARE PROGRAM WAS ESTABLISHED IN 1984 IN RESPONSE TO THE

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INCREASING NUMBER OF INDIVIDUALS BEING TREATED FOR HIV/AIDS AT YALE-NEW HAVEN HOSPITAL. THE PROGRAM PROVIDES COMPREHENSIVE CARE TO ADULTS, ADOLESCENTS AND CHILDREN LIVING WITH HIV/AIDS AND THEIR FAMILIES AND SIGNIFICANT OTHERS. THE SCOPE OF SERVICES INCLUDES OUTREACH, TESTING, COMPREHENSIVE RISK COUNSELING SERVICES, OUTPATIENT AND INPATIENT CLINICAL CARE, CLINICAL RESEARCH TRIALS AND COMMUNITY SUPPORT. THE AIDS CARE PROGRAM IS STAFFED BY A MULTIDISCIPLINARY TEAM OF HEALTH CARE PROVIDERS, NURSES, HIV COUNSELORS, SOCIAL WORKERS AND CLINICAL RESEARCHERS. IN FISCAL YEAR 2013 THE AIDS CARE PROGRAM'S PEDIATRIC SERVICE CARED FOR 30 CHILDREN AND ADOLESCENTS WITH A TOTAL OF 115 VISITS. APPROXIMATELY 3,000 TESTS WERE PROVIDED AS PART OF ROUTINE TESTING IN THE ADULT AND ADOLESCENT PRIMARY CARE CENTER AND WOMEN'S CENTER. BOTH INPATIENT AND OUTPATIENT SERVICES FOR PEOPLE WITH HIV AND AIDS ARE ALSO AVAILABLE THROUGH THE HOSPITAL'S HAELEN CENTER, LOCATED IN THE FAMILY HEALTH CENTER AT YALE-NEW HAVEN HOSPITAL'S SAINT RAPHAEL CAMPUS.

YALE-NEW HAVEN HOSPITAL OFFERS SUPPORT GROUPS FOR PATIENTS AND FAMILIES IN OVER 25 AREAS, INCLUDING MANY CANCER AND TRANSPLANT SPECIALTY AREAS. THE GROUPS ARE STAFFED BY SOCIAL WORKERS AND ARE PROVIDED FREE OF CHARGE TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THEIR ILLNESSES AND RELATED ISSUES. IN FISCAL YEAR 2013, OVER 3,600 PEOPLE ATTENDED AND PARTICIPATED IN SUPPORT GROUPS.

ADVANCING CAREERS IN HEALTH CARE

AS THE PRIMARY TEACHING HOSPITAL FOR THE YALE SCHOOL OF MEDICINE, YALE-NEW HAVEN HOSPITAL HAS SUPERVISED PHYSICIAN RESIDENTS AND FELLOWS SUPPORTING ITS MEDICAL STAFF WITH AROUND-THE-CLOCK COVERAGE AND INSIGHTFUL, RESEARCH-SUPPORTED PATIENT CARE. IN ADDITION, THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN PROGRAMS OUTSIDE THE ORGANIZATION IN THE AREAS OF NURSING, DIETARY,

Part VI Supplemental Information

PHYSICAL AND OCCUPATIONAL THERAPISTS, SOCIAL WORK, RADIOLOGY TECHNICIANS AND RESPIRATORY CARE TECHNICIANS. IN 2013, THE COST TO YALE-NEW HAVEN HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$79.8 MILLION, AND BENEFITED OVER 3,000 INDIVIDUALS.

THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS FOR OVER 750 MEDICAL PROFESSIONALS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS / MEDICAL STUDENTS, ALLIED HEALTH EDUCATION, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM.

THE HOSPITAL'S DENTAL DEPARTMENT PROVIDES CLINICAL EDUCATIONAL OPPORTUNITIES FOR STUDENT DENTAL HYGIENISTS. DURING THEIR ROTATIONS, UNDER THE DIRECTION AND SUPERVISION OF THEIR INSTRUCTORS, THE STUDENTS PERFORM PROCEDURES APPROPRIATE AND APPLICABLE TO THEIR ROLES AS A DENTAL HYGIENIST. STUDENTS FROM THE UNIVERSITY OF NEW HAVEN DENTAL HYGIENE PROGRAM AND THE UNIVERSITY OF BRIDGEPORT, INCLUDING SENIOR BACCALAUREATE CANDIDATES WHO ARE LICENSED DENTAL HYGIENISTS, INTERN IN THE DENTAL DEPARTMENT BY PROVIDING DIRECT PATIENT CARE. FOUR OF THESE HYGIENISTS ARE ASSIGNED IN THE CLINIC EACH SEMESTER AND, THROUGH THEIR PATIENT CARE EXPERIENCE, INTERACT WITH RESIDENT AND ATTENDING PHYSICIANS, HOSPITAL STAFF AND THE COMMUNITY. IN FISCAL YEAR 2013, 52 SUCH HYGIENISTS ROTATED THROUGH THE DEPARTMENT.

DURING 2013, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO OVER 2,170 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, DIETARY, PHYSICAL AND OCCUPATIONAL THERAPY, SOCIAL WORK, RADIOLOGY TECHNICIANS AND RESPIRATORY CARE TECHNICIANS. YALE-NEW HAVEN HAS LONG STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH AREA COLLEGES AND UNIVERSITIES INCLUDING GATEWAY COMMUNITY COLLEGE, FAIRFIELD UNIVERSITY, SACRED HEART UNIVERSITY, MANCHESTER COMMUNITY COLLEGE, UNIVERSITY OF CONNECTICUT,

Part VI Supplemental Information

GOODWIN COLLEGE AND NAUGATUCK COMMUNITY COLLEGE.

YALE-NEW HAVEN'S TRAUMA SERVICES DEPARTMENT, THROUGH A CONTRACT WITH THE PENTAGON, PROVIDES U.S. NAVY CORPSMAN MEDICAL TRAINING FOR SERVICE MEMBERS AT THE GROTON / NEW LONDON SUBMARINE BASE. THE TRAINING INCLUDES BASIC MEDICAL PROCEDURES AND SKILLS FOR SURVIVAL WHILE THE SUBMARINE IS OUT TO SEA. IN 2013, 20 CORPSMAN RECEIVED THIS NECESSARY TRAINING.

RESEARCH

PART VI, LINE 5:

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

YALE-NEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL REFERRALS AND, IN CONJUNCTION WITH YALE SCHOOL OF MEDICINE AND YALE CANCER CENTER, YALE-NEW HAVEN HOSPITAL IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND

Part VI Supplemental Information

CLINICAL RESEARCH. THE NATIONAL INSTITUTES OF HEALTH HAS RECOGNIZED MANY OF OUR MEDICAL CARE AND RESEARCH UNITS FOR EXCELLENCE, INCLUDING ITS CANCER PREVENTION RESEARCH UNIT, CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SERVICE, DIGESTIVE DISEASE RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER, CHILDREN'S AND ADULTS' CLINICAL RESEARCH CENTERS, AND CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER. LAST YEAR, SMILOW CANCER HOSPITAL AND THE YALE CANCER CENTER ENTERED INTO KEY CLINICAL PARTNERSHIPS WITH BOTH THE SARAH CANNON RESEARCH INSTITUTE TO SCIENTIFICALLY COLLABORATE TO ADVANCE CANCER RESEARCH, AND WITH GILEAD SCIENCES, INC., TO BEGIN A MULTI-YEAR RESEARCH COLLABORATION FOCUSED ON THE DISCOVERY OF NOVEL CANCER THERAPIES. YALE-NEW HAVEN HOSPITAL'S ANNUAL SUPPORT OF THIS WORK IS CAPTURED UNDER CREATING HEALTHIER COMMUNITIES. STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN. REGISTRY DATA ARE CRITICAL FOR TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS. SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. YALE-NEW HAVEN HOSPITAL MAINTAINS A ROBUST CANCER REGISTRY, AND DURING FISCAL YEAR 2013, THE TOTAL COST ASSOCIATED WITH THE CANCER REGISTRY WAS \$1.6 MILLION.

CREATING HEALTHIER COMMUNITIES

THE CITY OF NEW HAVEN AND THE SURROUNDING COMMUNITY IS HOME TO A NUMBER OF

Part VI Supplemental Information

NOT-FOR-PROFIT ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES. IN 2013, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-FOR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING \$1.8 MILLION. ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2013 INCLUDED THE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W. BEERS GUIDANCE CLINIC, COLUMBUS HOUSE, CONNECTICUT SPORTS FOUNDATION: HELPING CANCER PATIENTS, CONNECTICUT STATE CONFERENCE OF NAACP BRANCHES, FAMILY CENTERED SERVICES OF CT, EMERGENCY SHELTER MANAGEMENT SERVICES, FARNAM NEIGHBORHOOD HOUSE, FELLOWSHIP PLACE, GATEWAY COMMUNITY COLLEGE, LEAP, LEEWAY, LIFE HAVEN, LITERACY VOLUNTEERS OF GREATER NEW HAVEN, MONTESSORI SCHOOL OF EDGEWOOD, NEW LIFE CORPORATION AND RONALD MCDONALD HOUSE.

YALE-NEW HAVEN HOSPITAL PROVIDES LEADERSHIP AND FACILITATION SUPPORT FOR THE PARTNERSHIP FOR A HEALTHIER GREATER NEW HAVEN. THE PARTNERSHIP FOR A HEALTHIER NEW HAVEN BEGAN MEETING IN DECEMBER 2010 TO DEVELOP A SHARED VISION AND COORDINATED EFFORT TO LEVERAGE EXISTING COMMUNITY HEALTH WORK ALREADY IN PROGRESS AND TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT OF RESIDENTS IN THE CITY OF NEW HAVEN AND TWELVE MUNICIPALITIES COMPRISING THE INNER AND OUTER SUBURBAN RINGS SURROUNDING IT. MEMBERS OF THE PARTNERSHIP FOR A HEALTHIER GREATER NEW HAVEN INCLUDE REPRESENTATIVES FROM AREA HEALTH DEPARTMENTS AND HEALTH DISTRICTS, FEDERALLY-QUALIFIED HEALTH CENTERS, YALE SCHOOL OF PUBLIC HEALTH, ROBERT WOOD JOHNSON CLINICAL SCHOLAR'S PROGRAM AND OTHER NON-PROFIT ORGANIZATIONS SERVING GREATER NEW HAVEN.

GET HEALTHY CT, WHICH WAS FORMED BY MEMBERS OF THE BRIDGEPORT-BASED PRIMARY CARE ACTION GROUP, EXPANDED TO NEW HAVEN IN 2013. GET HEALTHY CT IS A COALITION DEDICATED TO PREVENTING AND REDUCING OBESITY BY REMOVING THE BARRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE

Part VI Supplemental Information

COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY. THE APPROACH OF GET HEALTHY CT IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND UTILIZE ITS WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION. GET HEALTHY CT EFFORTS CENTER AROUND FOUR FOCUS AREAS: EDUCATE AND RAISE AWARENESS, ENCOURAGE COMMUNITY COLLABORATION AND COMMITMENT, IDENTIFY LOCAL RESOURCES AND INFORM PUBLIC POLICY. USING A MULTI-SECTOR APPROACH TO ADDRESS OBESITY, THE GET HEALTHY CT COALITION HAS GROWN TO OVER 100 MEMBER ORGANIZATIONS INCLUDING HEALTH CARE PROVIDERS, HEALTH DEPARTMENTS AND HEALTH DISTRICTS, SOCIAL SERVICE PROVIDERS, COLLEGES AND UNIVERSITIES, BUSINESSES, TOWN AND LEGISLATIVE LEADERS, RESEARCHERS, AND FAITH-BASED ORGANIZATIONS. GENEROUS GRANT FUNDING HAS BEEN PROVIDED FOR THE INFRASTRUCTURE AND DEVELOPMENT OF GET HEALTHY CT BY THE UNITED WAY OF COASTAL FAIRFIELD COUNTY WITH ADDITIONAL IN-KIND AND FINANCIAL SUPPORT FROM MEMBER ORGANIZATIONS INCLUDING YALE NEW HAVEN HEALTH SYSTEM AND YALE-NEW HAVEN HOSPITAL. OVER 75 NEW HAVEN AREA LEADERS AND COMMUNITY MEMBERS ATTENDED THE SEPTEMBER LAUNCH, WHICH WAS HELD AT BEULAH HEIGHT FIRST PENTECOSTAL CHURCH IN NEW HAVEN.

IN ADDITION, YALE-NEW HAVEN HOSPITAL AND ITS EMPLOYEES SUPPORTED AND PARTICIPATED IN WALKS FOR VARIOUS HEALTH ADVOCACY ORGANIZATIONS. ORGANIZATIONS INCLUDE AIDS WALK NEW HAVEN, ALZHEIMER'S ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, CROHN'S AND COLITIS FOUNDATION OF AMERICA, INTEGRATED REFUGEE AND IMMIGRANT SERVICES, MARCH OF DIMES, MUSCULAR DYSTROPHY ASSOCIATION, NATIONAL ALLIANCE ON MENTAL ILLNESS, AND THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN CT, INC.

SUPPLEMENTAL INFORMATION

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

Part VI Supplemental Information

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 4,138 MEMBERS INCLUDING RESIDENTS, FELLOWS AND HOSPITALISTS.

YALE-NEW HAVEN HOSPITAL, THE ANCHOR OF YALE NEW HAVEN HEALTH SYSTEM, HAD STRONG FINANCIAL PERFORMANCE THIS PAST YEAR DESPITE SIGNIFICANT STATE AND FEDERAL BUDGET CUTBACKS.

JUST ONE YEAR AFTER YALE-NEW HAVEN HOSPITAL ACQUIRED THE HOSPITAL OF SAINT RAPHAEL IN SEPTEMBER 2012, TWO HOSPITALS THAT HAD OPERATED SEPARATELY FOR MORE THAN 100 YEARS BECAME ONE HIGH-PERFORMING ORGANIZATION. STAFF BECAME FULLY INTEGRATED; EFFORTS TO MAINTAIN ONE STANDARD OF SERVICE WERE SUCCESSFUL; THE SAINT RAPHAEL CAMPUS PASSED A JOINT COMMISSION EXTENSION SURVEY; AND THE EPIC ELECTRONIC MEDICAL RECORD SYSTEM WAS INSTALLED ON BOTH CAMPUSES. IN ADDITION, MEDICAL STAFF INTEGRATED IN MANY CLINICAL SPECIALTIES AND PARTICIPATED IN STRATEGIC AND OPERATING DISCUSSIONS REGARDING DUPLICATE SERVICES AND OPTIMIZING RESOURCES ON BOTH CAMPUSES. IN FEBRUARY, YALE-NEW HAVEN HOSPITAL OPENED THE NEW NORTH HAVEN MEDICAL CENTER, A COMPREHENSIVE, FOUR-STORY, 120,000-SQUARE-FOOT AMBULATORY CARE CENTER THAT INCLUDES A WALK-IN CARE CENTER, A SMILOW CANCER HOSPITAL CARE CENTER, A DIAGNOSTIC RADIOLOGY CENTER, AN INTERVENTIONAL IMMUNOLOGY CENTER SPECIALIZING IN CHRONIC AUTOIMMUNE CONDITIONS, AND A BLOOD DRAW STATION WITH ON-SITE LABORATORY SERVICES.

Y ACCESS, YALE-NEW HAVEN'S SINGLE-SOURCE, 24/7 CALL CENTER EXCLUSIVELY FOR PHYSICIANS, COORDINATES TRANSFERS FROM OTHER HEALTHCARE FACILITIES AND EMERGENT DIRECT ADMISSIONS TO YNH. THE Y ACCESS TRANSFER CENTER, STAFFED BY CLINICIANS, HAS DRAMATICALLY SIMPLIFIED THE TRANSFER PROCESS TO YNH.

PART VI, LINE 5:

Part VI Supplemental Information

DURING 2013, THE SAINT RAPHAEL TRANSFER LINE WAS INCORPORATED INTO Y ACCESS. THE Y ACCESS LINE, AT 888-964-4233, AVERAGES ABOUT 500 TRANSFERS A MONTH.

EACH YEAR, THOUSANDS OF MEMBERS OF THE COMMUNITY SUPPORT YALE-NEW HAVEN HOSPITAL THROUGH PHILANTHROPY AND VOLUNTEERING. IN FY 2013, 2,461 VOLUNTEERS DEDICATED A TOTAL OF 206,823 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN OVER 50 AREAS THROUGHOUT THE HOSPITAL INCLUDING ADMITTING, ADULT EMERGENCY DEPARTMENT, CHILD PSYCHIATRY, CHILDREN'S HOSPITAL, COMMUNITY HEALTH, DENTAL CLINIC, HEART CENTER, LABORATORY MEDICINE, OCCUPATIONAL HEALTH, PSYCHIATRIC HOSPITAL, REHABILITATION SERVICES, RELIGIOUS MINISTRIES, SHORELINE MEDICAL CENTER, SMILOW CANCER HOSPITAL, SOCIAL WORK AND WOMEN'S SERVICES.

PART VI, LINE 6:

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

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

CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF NEW HAVEN 165 CHURCH STREET NEW HAVEN, CT 06511 | | GOVERNMENT | 1,797,188. | 0. | | | COMMUNITY BENEFIT DEV |
| COMMUNITY FOUNDATION OF GREATER NEW HAVEN - 28 LINCOLN WAY - NEW HAVEN, CT 06510 | 06-6032106 | 501 (C)(3) | 500,299. | 0. | | | SUPPORT MISSION |
| GATEWAY COMMUNITY COLLEGE 60 SARGENT DRIVE NEW HAVEN, CT 06511 | 22-3135128 | 501 (C)(3) | 5,000. | 0. | | | SUPP NURSING CAREER |
| HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN, CT 06511 | 06-1178712 | 501 (C)(3) | 38,500. | 0. | | | SUPPORT MISSION |
| VISITING NURSE ASSOCIATION SOUTH ONE LONG WHARF DRIVE NEW HAVEN, CT 06511 | 06-0646941 | 501 (C)(3) | 10,000. | 0. | | | SUPPORT MISSION |
| ANTI DEFAMATION LEAGUE WHITNEY AVE NEW HAVEN, CT 06511 | 13-1818723 | 501 (C)(3) | 10,000. | 0. | | | SPONSORSHIP |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **22.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2012)

| 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 |
| BEULAH HEIGHT SOCIAL INTEGRATION 782 ORCHARD STREET NEW HAVEN, CT 06511 | 06-1290930 | 501 (C)(3) | 7,500. | 0. | | | SPONSORSHIP |
| GREATER NEW HAVEN CHAMBER OF COMMER - 900 CHAPEL STREET - NEW HAVEN, CT 06510 | 06-0646890 | 501 (C)(6) | 10,000. | 0. | | | SPONSORSHIP |
| NEW HAVEN SYMPHONY ORCHESTRA 70 AUDUBON STREET NEW HAVEN, CT 06510 | 06-6000592 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| CT STATE MISSIONARY BAPTIST CONVENT - 10 CHERRY DRIVE - DANBURY, CT 06812 | 06-1421410 | 501 (C)(3) | 6,500. | 0. | | | SUPPORT MISSION |
| NEW LIFE CORPORATION 540 ELLA T GRASSO BLVD NEW HAVEN, CT 06519 | 06-1443579 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| SHORELINE ARTS ALLIANCE 725 BOSTON POST ROAD GUILDFORD, CT 06437 | 06-1027403 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| CONNECTICUT CENTER FOR ARTS (CONNCAT) - 70 AUDUBON STREET - NEW HAVEN, CT 06510 | 45-1257955 | 501 (C)(3) | 150,000. | 0. | | | SUPPORT MISSION |
| YALE UNIVERSITY CONTINUING EDUCATION - P.O. BOX 6028 - NEW HAVEN, CT 06521 | 06-0646973 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231 | 13-5613797 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CAREER RESOURCES INC 350 FAIRFIELD AVE BRIDGEPORT, CT 06604 | 06-1427945 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| LIBERTY COMMUNITY SERVICES 129 CHURCH STREET NEW HAVEN, CT 06510 | 22-2849124 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| ST MARTIN DE PORRES ACADEMY 208 COLUMBUS AVE NEW HAVEN, CT 06519 | 81-0666655 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| CONNECTICUT SPORTS FOUNDATION 129 MAIN STREET OLD SAYBROOK, CT 06475 | 06-1240574 | 501 (C)(3) | 18,000. | 0. | | | SUPPORT MISSION |
| CLIFFORD W BEERS GUIDANCE 93 EDWARDS STREET NEW HAVEN, CT 06511 | 06-0646757 | 501 (C)(3) | 10,000. | 0. | | | SUPPORT MISSION |
| CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD BETHESDA, MD 20814 | 13-1930701 | 501 (C)(3) | 10,000. | 0. | | | SUPPORT MISSION |
| HEALTH ASSISTANCE INTERVENTION 835 W QUEEN ST SOUTHINGTON, CT 06489 | 51-0642913 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| NEIGHBORHOOD MUSIC SCHOOL 100 AUDUBON ST NEW HAVEN, CT 06510 | 06-0662152 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| NEW HAVEN FREE PUBLIC LIBRARY 133 ELM STREET NEW HAVEN, CT 06510 | 06-1283798 | 501 (C)(3) | 5,000. | 0. | | | SUPPORT MISSION |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| NURSING SCHOLARSHIPS | 23 | 46,000. | 0. | FMV | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

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

AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST

IN THE FURTHERANCE OF THEIR CHARITABLE MISSION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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 officers, directors, trustees, and 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) and 501(c)(4) organizations must complete lines 5-9.

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

- a** The organization?
- 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) 2012

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) PETER N. HERBERT, MD SR. VP & CHIEF OF STAFF | 474,875. | 161,682. | 224,191. | 11,850. | 34,159. | 906,757. | 0. |
| (ii) | 316,583. | 107,788. | 149,461. | 7,900. | 22,773. | 604,505. | 0. |
| (2) MARNA P. BORGSTROM CEO | 895,549. | 493,729. | 31,980. | 314,914. | 12,211. | 1,748,383. | 0. |
| (ii) | 597,033. | 329,152. | 21,320. | 209,943. | 8,141. | 1,165,589. | 0. |
| (3) PAUL N. PATTON VP | 329,514. | 90,694. | 61,857. | 112,682. | 20,187. | 614,934. | 1,272. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) WILLIAM J. ASELTINE SR. VP | 170,668. | 64,350. | 29,365. | 60,630. | 7,680. | 332,693. | 2,897. |
| (ii) | 316,955. | 119,506. | 54,535. | 112,599. | 14,263. | 617,858. | 5,380. |
| (5) KEVIN F. WALSH VP | 310,496. | 73,983. | 68,218. | 110,142. | 20,728. | 583,567. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ABE LOPMAN SR. VP | 387,795. | 168,772. | 71,741. | 145,210. | 17,057. | 790,575. | 20,696. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) THOMAS D. LEARY VP | 291,086. | 74,565. | 35,051. | 119,265. | 19,341. | 539,308. | 0. |
| (ii) | 15,320. | 3,924. | 1,845. | 6,277. | 1,018. | 28,384. | 0. |
| (8) JAMES M. STATEN SR. VP | 460,324. | 155,880. | 51,454. | 165,024. | 42,178. | 874,860. | 0. |
| (ii) | 306,882. | 103,920. | 34,302. | 110,016. | 28,119. | 583,239. | 0. |
| (9) VINCENT PETRINI SR. VP | 334,449. | 121,944. | 63,072. | 121,084. | 22,135. | 662,684. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) KEVIN A. MYATT SR. VP | 284,925. | 118,800. | 53,530. | 113,118. | 10,387. | 580,760. | 20,156. |
| (ii) | 189,950. | 79,200. | 35,687. | 75,412. | 6,924. | 387,173. | 13,437. |
| (11) THOMAS J. BALCEZAK VP | 368,460. | 89,549. | 61,291. | 129,110. | 22,804. | 671,214. | 23,864. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) STEPHEN M. MERZ VP | 220,687. | 63,130. | 61,711. | 91,215. | 31,352. | 468,095. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) RICHARD D'AQUILA PRESIDENT & COO | 693,342. | 251,402. | 118,482. | 227,903. | 19,982. | 1,311,111. | 0. |
| (ii) | 231,114. | 83,801. | 39,494. | 75,968. | 6,661. | 437,038. | 0. |
| (14) PATRICIA S. FITZSIMONS SR. VP | 381,411. | 123,850. | 168,555. | 19,750. | 15,617. | 709,183. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) DANIEL BARCHI SR. VP | 96,753. | 27,753. | 11,755. | 35,919. | 11,269. | 183,449. | 0. |
| (ii) | 387,012. | 111,012. | 47,018. | 143,678. | 45,074. | 733,794. | 0. |
| (16) CYNTHIA SPARER SR. VP | 396,190. | 111,454. | 60,971. | 122,874. | 20,986. | 712,475. | 10,056. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part III Supplemental Information

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

PART I, LINES 4A-B: 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 | \$258,931 |
| RICHARD D'AQUILA | - | 151,570 |
| JAMES M. STATEN | - | 132,290 |
| KEVIN A. MYATT | - | 83,807 |
| DANIEL BARCHI | - | 78,297 |
| WILLIAM J. ASELTYN | - | 76,136 |
| THOMAS J. BALCEZAK | - | 60,198 |
| VINCENT PETRINI | - | 55,784 |
| PAUL N. PATTON | - | 53,382 |
| THOMAS D. LEARY | - | 51,342 |

Part III Supplemental Information

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

| | | | |
|-----------------|---|--------|---|
| KEVIN F. WALSH | - | 51,842 | - |
| STEPHEN M. MERZ | - | 42,015 | - |
| ABE LOPMAN | - | 17,572 | - |

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 2012 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2012 CALENDAR YEAR FORM W-2S.

| | |
|---------------------|------------|
| PETER HERBERT | \$ 285,649 |
| PATRICIA FITZSIMONS | \$ 109,760 |

TWO FORMER OFFICERS, EDWARD J. DOWLING AND ALVIN R. JOHNSON AND ONE CURRENT OFFICER, PATRICK LUDDY RECEIVED PAYMENTS FROM THE NONQUALIFIED PLAN. THESE AMOUNTS ARE NOT INCLUDED IN COLUMN B OR C. THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE RABBI TRUST:

| | |
|----------------|-----------|
| EDWARD DOWLING | \$172,933 |
| ALVIN JOHNSON | \$ 62,231 |
| PATRICK LUDDY | \$ 42,792 |

Part III Supplemental Information

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

PART I, LINE 7:

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

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

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

| Part I Bond Issues | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Deceased | | (h) On behalf of issuer | | (i) Pooled financing | |
|-----------------------------|-----------------|---------------------|-------------|-----------------|-----------------|---------------------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A CHEFA- J-1 | | 06-080618620774UFP5 | | 09/25/06 | 184,574,134. | CANCER HOSPITAL CONSTRUCTION | | | X | | | X |
| B CHEFA- K-1, K-2, L-1, L-2 | | 06-080618620774UVY8 | | 05/14/08 | 216,565,000. | REFUND I1, I2 & J1, J2-4/7/06, 9/25/0 | | | X | | | X |
| C CHEFA- SERIES M | | 06-080618620774U5T8 | | 12/22/10 | 105,436,335. | CONSTRUCTION PROJECT | | | X | | | X |
| D CHEFA- SERIES N | | 06-080618620774YNC7 | | 02/01/13 | 44,815,000. | ACQUISITION OF ASSETS (HSR) | | | X | | | X |

| Part II Proceeds | Description | 2009 | | 2008 | | 2012 | | 2013 | |
|------------------|--|------|--------------|------|--------------|------|--------------|------|-------------|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Amount of bonds retired | | 28,454,131. | | | | | | 6,961,335. |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | | 203,907,795. | | 216,613,096. | | 105,349,186. | | 49,999,105. |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | 5,030,954. |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | 3,297,523. | | 1,157,236. | | 1,861,661. | | 654,825. |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | 200,610,272. | | | | 98,556,571. | | 49,344,280. |
| 11 | Other spent proceeds | | | | 215,455,860. | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | | 2009 | 2008 | 2012 | 2013 | | |
| 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 | | | X | |
| 16 | Has the final allocation of proceeds been made? | X | | | X | | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | X | | | X | |

| Part III Private Business Use | Description | 2009 | | 2008 | | 2012 | | 2013 | |
|-------------------------------|--|------|----|------|----|------|----|------|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service
Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. See separate instructions.

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 O | | 06-080618620774YNE3 | | 02/01/13 | 50,000,000. | ACQUISITION OF ASSETS (HSR) | | X | | X | | X |
| B | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |

| Part II Proceeds | | A | | B | | C | | D | |
|------------------|--|-----|-------------|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Amount of bonds retired | | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | | 50,000,000. | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | 654,824. | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | 49,345,176. | | | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | 2013 | | | | | | |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-------|-----|--------|-----|-------|-----|--------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | 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 | | X | | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | 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 government | | .06 % | | 1.28 % | | .00 % | | 1.16 % |
| 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 | | .06 % | | 1.28 % | | .00 % | | 1.16 % |
| 6 Total of lines 4 and 5 | | .06 % | | 1.28 % | | .00 % | | 1.16 % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | 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 | | 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? | | | | | | | | |

Part IV Arbitrage

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

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YALE-NEW HAVEN HOSPITAL

Schedule K (Form 990) 2012

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 | | | | | | | |
| 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 | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | 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 government | 1.16 | % | | | | | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | | | | | % |
| 6 Total of lines 4 and 5 | 1.16 | % | | | | | | % |
| 7 Does the bond issue meet the private security or payment test? | | 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 | | | | | | |
| 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 | | | | | | |

Part IV Arbitrage

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

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YALE-NEW HAVEN HOSPITAL

Schedule K (Form 990) 2012

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? | | | | | | | | |
| 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? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | | | | | | | |
| 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? | | | | | | | | |
| 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? | | | | | | | | |

Part IV Arbitrage

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

06-0646652

YALE-NEW HAVEN HOSPITAL

Schedule K (Form 990) 2012

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)? | | | | | | | |
| 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? | | | | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | | | | | | |

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CHEFA- J-1

DATE THE REBATE COMPUTATION WAS PERFORMED: 09/25/2011

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 INVESTMENT EARNINGS

PART III, LINE 3B

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

PART III, LINE 9

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| LAURA LOMBARDO-BOYLE | SEE SCHEDULE O | 102,949. | SEE PART V | | X |
| ABBOTT LABORATORIES | SEE SCHEDULE O | 234,386. | SEE PART V | | X |
| UNITED ILLUMINATING CO. | SEE SCHEDULE O | 8,150,108. | SEE PART V | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

PART IV, COLUMN D

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

NAME OF INTERESTED PERSON: LAURA LOMBARDO-BOYLE

THE HOSPITAL EMPLOYS LAURA LOMBARDO-BOYLE, THE DAUGHTER OF FORMER TRUSTEE ANNEMARIE LINDSKOG, AS A REGISTERED NURSE. MS. LOMBARDO-BOYLE HAD BEEN AN EMPLOYEE OF THE HOSPITAL BEFORE MS. LINDSKOG'S APPOINTMENT TO THE HOSPITAL'S BOARD OF TRUSTEES.

NAME OF INTERESTED PERSON: ABBOTT LABORATORIES

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

NAME OF INTERESTED PERSON: UNITED ILLUMINATING CO.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 3 | 395,684. | STOCK EXCHANGE QUOTE |
| 10 Securities - Closely held stock | X | 1 | 369,525. | APPRAISAL VALUE |
| 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 | X | 1 | 120,000. | MEDICAL OFFICE CONDO |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 1 | 15,130. | CAMPARABLE MARKET PR |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (GIFTCARDS/BAG) | X | 2 | 20,220. | COMPARABLE MARKET PR |
| 26 Other ▶ (ART SCULPTURE) | X | 1 | 12,000. | COMPARABLE MARKET PR |
| 27 Other ▶ (ELECTRONICS) | X | 1 | 5,000. | COMPARABLE MARKET PR |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **3**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to 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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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

YALE-NEW HAVEN HOSPITAL, FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT, IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL. WITH TWO INPATIENT CAMPUSES IN NEW HAVEN, YALE-NEW HAVEN HOSPITAL IS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE AND IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS. YALE-NEW HAVEN HOSPITAL DISCHARGED MORE THAN 80,500 INPATIENTS AND HANDLED MORE THAN ONE MILLION OUTPATIENT ENCOUNTERS LAST YEAR. YALE-NEW HAVEN HOSPITAL INCLUDES SEVERAL OUTPATIENT CENTERS IN NEW HAVEN, NORTH HAVEN, EAST HAVEN AND GUILFORD AND DOZENS OF RADIOLOGY AND BLOOD-DRAWING SERVICES THROUGHOUT THE STATE.

DURING FISCAL YEAR 2013, YALE-NEW HAVEN HOSPITAL PROVIDED APPROXIMATELY \$383.2 MILLION DOLLARS IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES \$267.9 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), \$79.8 MILLION IN HEALTH PROFESSIONS EDUCATION, AND \$23.2 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL \$2.6 MILLION DOLLARS WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY, COALITION BUILDING AND PHYSICAL IMPROVEMENTS AND HOUSING. YALE-NEW HAVEN HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS.

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

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

NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY

THE HOSPITAL SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE. BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE HOSPITAL AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE HOSPITAL WAS ABLE TO CONFIRM THAT 20 VOTING MEMBERS ARE INDEPENDENT.

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

SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM. THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THOSE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION. THE TAXABLE AFFILIATES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE: MEDICAL CENTER REALTY, INC.; MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.; YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION; AND YORK ENTERPRISES, INC.

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

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

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

232212
01-04-13

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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

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

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

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

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

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

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

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

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD OF TRUSTEES. A SECURE WEB PORTAL IS AVAILABLE TO BOARD MEMBERS TO ACCESS THE RETURN.

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

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

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

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.

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

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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

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

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

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

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

COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY OFFICE OF LEGAL AND CORPORATE COMPLIANCE. THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION

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

POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE.

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

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

PROFESSIONAL & CONSULTING FEES:

| | |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES | 6,055,007. |
| MANAGEMENT AND GENERAL EXPENSES | 859,716. |
| FUNDRAISING EXPENSES | 65,981. |
| TOTAL EXPENSES | 6,980,704. |

OHCA ASSESSMENT:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 684,475. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 684,475. |

SYSTEM SUPPORT FEES:

| | |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES | 20,998,232. |
| MANAGEMENT AND GENERAL EXPENSES | 3,418,317. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 24,416,549. |

OUTSIDE CONTRACTUAL SERVICES:

| | |
|---------------------------------|--------------|
| PROGRAM SERVICE EXPENSES | 164,169,420. |
| MANAGEMENT AND GENERAL EXPENSES | 26,889,551. |
| FUNDRAISING EXPENSES | 724,717. |
| TOTAL EXPENSES | 191,783,688. |

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

YNHHSC SHARED PROJECT FEES:

| | |
|---------------------------------|---------------------|
| PROGRAM SERVICE EXPENSES | 109,542,586. |
| MANAGEMENT AND GENERAL EXPENSES | 17,832,514. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 127,375,100. |

EMPLOYEE RECRUITMENT FEES:

| | |
|---------------------------------|-----------------|
| PROGRAM SERVICE EXPENSES | 577,793. |
| MANAGEMENT AND GENERAL EXPENSES | 94,061. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 671,854. |

AMBULANCE SERVICES:

| | |
|---------------------------------|-------------------|
| PROGRAM SERVICE EXPENSES | 1,375,480. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,375,480. |

YALE U PERSONNEL & SUPPORT FEE:

| | |
|---------------------------------|---------------------|
| PROGRAM SERVICE EXPENSES | 163,224,713. |
| MANAGEMENT AND GENERAL EXPENSES | 26,584,227. |
| FUNDRAISING EXPENSES | 78,394. |
| TOTAL EXPENSES | 189,887,334. |

DOCUMENT CENTER SERVICES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 184,988. |
| MANAGEMENT AND GENERAL EXPENSES | 170,350. |
| FUNDRAISING EXPENSES | 0. |

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

| | |
|----------------|----------|
| TOTAL EXPENSES | 355,338. |
|----------------|----------|

TEMPORARY STAFFING:

| | |
|--------------------------|------------|
| PROGRAM SERVICE EXPENSES | 5,343,322. |
|--------------------------|------------|

| | |
|---------------------------------|----------|
| MANAGEMENT AND GENERAL EXPENSES | 869,843. |
|---------------------------------|----------|

| | |
|----------------------|----|
| FUNDRAISING EXPENSES | 0. |
|----------------------|----|

| | |
|----------------|------------|
| TOTAL EXPENSES | 6,213,165. |
|----------------|------------|

| | |
|--|--------------|
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 549,743,687. |
|--|--------------|

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

| | |
|------------------------------|--------------|
| FUNDING OF CLINICAL PROGRAMS | -15,498,090. |
|------------------------------|--------------|

| | |
|--------------------------|-------------|
| BEQUESTS, GIFTS & GRANTS | 20,776,951. |
|--------------------------|-------------|

| | |
|-----------------------------------|----------|
| NET ASSETS RELEASE FOR OPERATIONS | 343,000. |
|-----------------------------------|----------|

| | |
|--|------------|
| INVESTMENT INCOME RELEASED FROM RESTRICTIONS | 1,009,230. |
|--|------------|

| | |
|-------------------------|---------|
| AUXILIARY SERVICES/MISC | 10,508. |
|-------------------------|---------|

| | |
|---------------------------------------|-------------|
| PENSION & POST RETIREMENT ADJUSTMENTS | 88,656,000. |
|---------------------------------------|-------------|

| | |
|---------------------------------------|----------|
| CHANGE IN INTEREST IN PERPETUAL TRUST | 411,000. |
|---------------------------------------|----------|

| | |
|-------------------------------------|-------------|
| TRANSFER TO YNH NETWORK CORP/YNHHSC | -9,793,000. |
|-------------------------------------|-------------|

| | |
|-----------------------------------|-------------|
| NET ASSETS RELEASE FOR OPERATIONS | -2,821,514. |
|-----------------------------------|-------------|

| | |
|---------------------------------|-------------|
| RELEASE FOR WINCHESTER/MCFADDEN | -6,448,653. |
|---------------------------------|-------------|

| | |
|-----------------------|-----------|
| RELEASE FOR FREE CARE | -138,389. |
|-----------------------|-----------|

| | |
|------------------------------------|-------------|
| TOTAL TO FORM 990, PART XI, LINE 9 | 76,507,043. |
|------------------------------------|-------------|

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519 | MANAGEMENT SERVICES | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| QUINNIPIAC MEDICAL PC - 06-1405531 789 HOWARD AVE NEW HAVEN, CT 06519 | HEALTHCARE | CT | YALE-NEW HAVEN HOSPITAL | C CORP | 1,370. | 0. | 100.00% | | X |
| MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511 | RENTAL | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| YNH GERIATRICS SERVICES, PC - 06-1561581 789 HOWARD AVE NEW HAVEN, CT 06519 | HEALTHCARE | CT | YALE-NEW HAVEN HOSPITAL | C CORP | 3,021. | 0. | 100.00% | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|----------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| YNH MEDICAL SERVICES PC - 06-1561583 789 HOWARD AVE NEW HAVEN, CT 06519 | HEALTHCARE | CT | YALE-NEW HAVEN HOSPITAL | C CORP | 114,587. | 0. | 100.00% | | X |
| CHC PHYSICIANS, P.C. - 06-1436530 789 HOWARD AVE NEW HAVEN, CT 06519 | HEALTHCARE | CT | YALE-NEW HAVEN HOSPITAL | C CORP | 0. | 0. | 100.00% | | X |
| GREENWICH HEALTH SERVICES INC - 06-1233643 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A | X | |
| GREENWICH PEDIATRIC SERVICES PC - 74-3054409 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A | X | |
| GREENWICH INTEGRATIVE MEDICINE - 26-0236411 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A | X | |
| GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A | X | |
| YORK ENTERPRISES INC - 06-1110937 50 YORK STREET NEW HAVEN, CT 06511 | TITLE HOLDING | CT | N/A | C CORP | N/A | N/A | N/A | X | |
| YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519 | ADMINISTRATIVE SERVICES | CT | N/A | C CORP | N/A | N/A | N/A | X | |
| MEDICAL CENTER PHARMACY - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511 | PHARMACY | CT | N/A | C CORP | N/A | N/A | N/A | X | |
| GREENWICH OCCUP HEALTH SERV INC-NY - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830 | HEALTHCARE | NY | N/A | C CORP | N/A | N/A | N/A | X | |
| LUKAN INDEMNITY CO, LTD - 98-1072793 VALLIS BLDG 58 PAR LA VILLE RD HAMILTON, BERMUDA | INSURANCE | BERMUDA | YALE-NEW HAVEN HOSPITAL | C CORP | 0. | 0. | 100.00% | | X |
| GREENWICH OCCUP HEALTH SERV INC-NJ - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830 | HEALTHCARE | NJ | N/A | C CORP | N/A | N/A | N/A | X | |

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

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

| | | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|----------|--|----------------------------------|------------------------|--|
| 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. | | | |
| (1) | YALE NEW HAVEN HEALTH SERVICES CORP | J | 3,028,000 | COMPARABLE MARKET VALUE |
| (2) | YALE NEW HAVEN HEALTH SERVICES CORP | P | 26,928,426 | TRANSACTION REVIEW |
| (3) | YALE NEW HAVEN HEALTH SERVICES CORP | M | 177,492,933 | COMPARABLE MARKET VALUE |
| (4) | LUKAN INDEMNITY CO LTD. | R | 4,832,530 | CASH |
| (5) | YALE NEW HAVEN MEDICAL CENTER INC | L | 2,826,440 | TRANSACTION REVIEW |
| (6) | NORTHEAST MEDICAL GROUP, INC | L | 3,460,949 | 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-f) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7) YALE NEW HAVEN AMBULATORY SERVICES CORP | S | 3,866,689. | TRANSACTION REVIEW |
| (8) YNH NETWORK CORP | L | 191,639. | COMPARABLE MARKET VALUE |
| (9) YALE NEW HAVEN CARE CONTINUUM CORP | Q | 3,183,094. | TRANSACTION REVIEW |
| (10) YALE NEW HAVEN MEDICAL CENTER INC | K | 334,252. | COMPARABLE MARKET VALUE |
| (11) YALE NEW HAVEN HEALTH SERVICES CORP | R | 6,000,000. | CASH |
| (12) YALE NEW HAVEN CARE CONTINUUM CORP | L | 175,020. | COMPARABLE MARKET VALUE |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| (17) | | | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VII Supplemental Information

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

THE FOLLOWING ENTITIES LISTED AS RELATED ORGANIZATION IN PART IV:

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

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

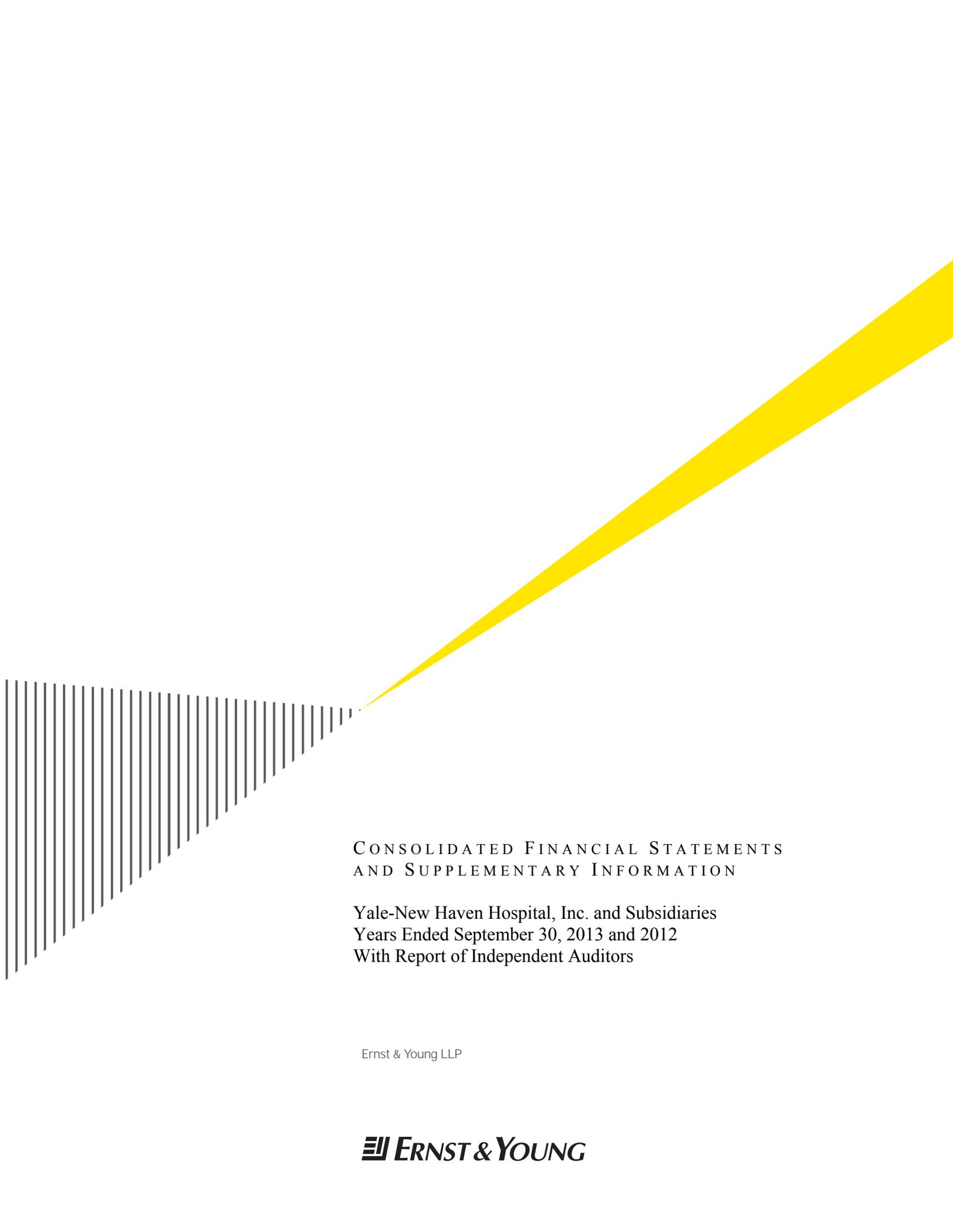
CHIEF OF STAFF. IN ACCORDANCE WITH STATE LAWS, PROFESSIONAL

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

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

ENTITIES.

Multiple horizontal lines for supplemental information.



CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Yale-New Haven Hospital, Inc. and Subsidiaries
Years Ended September 30, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2013 and 2012

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Report of Independent Auditors

Board of Trustees
Yale-New Haven Hospital, Inc.

We have audited the accompanying consolidated financial statements of The Yale-New Haven Hospital, Inc. and Subsidiaries (the “Hospital”), which comprise the consolidated balance sheets as of September 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management’s Responsibility for the Financial Statements

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

Auditor’s Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Yale-New Haven Hospital, Inc. and Subsidiaries at September 30, 2013 and 2012, and the consolidated results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Change in Presentation of the Provision for Bad Debts

As discussed in Note 1 to the accompanying consolidated financial statements, in 2013, the Hospital adopted the provisions of Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which resulted in a change to the presentation of the provision for bad debts in the accompanying consolidated statements of operations and changes in net assets effective October 1, 2011. Our opinion is not modified with respect to this matter.

Ernst + Young LLP

December 23, 2013

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Balance Sheets

| | September 30 | |
|--|-----------------------|---------------------|
| | 2013 | 2012 |
| | <i>(In Thousands)</i> | |
| Assets | | |
| Current assets: | | |
| Cash and cash equivalents | \$ 40,355 | \$ 64,557 |
| Short-term investments | 709,453 | 613,360 |
| Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$151,265,000 in 2013 and \$59,610,000 in 2012 | 233,822 | 202,909 |
| Other receivables | 48,020 | 48,641 |
| Professional liabilities insurance recoveries receivable – current portion | 21,142 | 15,739 |
| Other current assets | 60,787 | 47,394 |
| Amounts on deposit with trustee in debt service fund | 7,176 | 6,619 |
| Total current assets | <u>1,120,755</u> | <u>999,219</u> |
| Assets limited as to use | 84,095 | 105,688 |
| Long-term investments | 214,382 | 164,238 |
| Deferred financing costs, less accumulated amortization | 8,079 | 5,182 |
| Professional liabilities insurance recoveries receivable – non-current | 60,199 | 40,271 |
| Goodwill | 38,955 | 35,685 |
| Other assets | 190,005 | 177,199 |
| Property, plant, and equipment: | | |
| Land and land improvements | 33,191 | 33,191 |
| Buildings and fixtures | 1,101,393 | 1,068,530 |
| Equipment | 461,458 | 426,413 |
| | <u>1,596,042</u> | <u>1,528,134</u> |
| Less accumulated depreciation | 677,907 | 601,670 |
| | <u>918,135</u> | <u>926,464</u> |
| Construction in progress | 22,942 | 63,603 |
| | <u>941,077</u> | <u>990,067</u> |
| Total assets | <u>\$ 2,657,547</u> | <u>\$ 2,517,549</u> |

| | September 30 | |
|--|----------------------------|----------------------------|
| | 2013 | 2012 |
| | <i>(In Thousands)</i> | |
| Liabilities and net assets | | |
| Current liabilities: | | |
| Accounts payable | \$ 149,107 | \$ 134,051 |
| Accrued expenses | 170,013 | 168,508 |
| Professional liabilities- current portion | 21,142 | 15,739 |
| Current portion of long-term debt | 11,070 | 45,198 |
| Current portion of capital lease obligation | 1,555 | 55,292 |
| Other current liabilities | 15,079 | 2,926 |
| Total current liabilities | <u>367,966</u> | 421,714 |
| Long-term debt, net of current portion | 677,492 | 674,969 |
| Capital lease obligation, net of current portion | 50,682 | 52,237 |
| Accrued pension and postretirement benefit obligations | 197,950 | 280,718 |
| Professional liabilities | 128,720 | 105,313 |
| Other long-term liabilities | 169,315 | 180,195 |
| Deferred revenue | 47,297 | 53,625 |
| Total liabilities | <u>1,639,422</u> | 1,768,771 |
| Commitments and contingencies | | |
| Net assets: | | |
| Unrestricted | 930,988 | 676,008 |
| Temporarily restricted | 59,982 | 46,026 |
| Permanently restricted | 27,155 | 26,744 |
| Total net assets | <u>1,018,125</u> | 748,778 |
| | | |
| Total liabilities and net assets | <u><u>\$ 2,657,547</u></u> | <u><u>\$ 2,517,549</u></u> |

See accompanying notes.

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

| | Year Ended September 30 | |
|---|--------------------------------|--------------|
| | 2013 | 2012 |
| | <i>(In Thousands)</i> | |
| Operating revenue: | | |
| Net patient service revenue | \$ 2,347,565 | \$ 1,713,271 |
| Less: Provision for bad debts | (64,649) | (32,622) |
| Net patient service revenue, less provision for bad debts | 2,282,916 | 1,680,649 |
| Other revenue | 58,633 | 47,684 |
| Total operating revenue | 2,341,549 | 1,728,333 |
| Operating expenses: | | |
| Salaries and benefits | 1,025,652 | 757,263 |
| Supplies and other expenses | 1,062,603 | 754,391 |
| Depreciation | 107,957 | 76,768 |
| Insurance | 16,541 | 15,680 |
| Interest | 23,920 | 17,720 |
| Total operating expenses | 2,236,673 | 1,621,822 |
| Income from operations | 104,876 | 106,511 |
| Non-operating gains and losses, net | 73,846 | 24,098 |
| Excess of revenue over expenses | 178,722 | 130,609 |

Yale-New Haven Hospital, Inc. and Subsidiaries

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

| | Year Ended September 30 | |
|---|--------------------------------|-------------|
| | 2013 | 2012 |
| | <i>(In Thousands)</i> | |
| Unrestricted net assets: | | |
| Excess of revenue over expenses | \$ 178,722 | \$ 130,609 |
| Other changes in net assets | 343 | 342 |
| Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund | (6,000) | (9,000) |
| Transfer from Yale-New Haven Health Services Corporation | 2,900 | 2,900 |
| Net transfer (to) from Yale-New Haven Network Corporation | (9,793) | 456 |
| Net assets released from restrictions for purchases of fixed assets | 152 | 258 |
| Pension and other postretirement liability adjustments | 88,656 | (54,174) |
| Increase in unrestricted net assets | 254,980 | 71,391 |
| Temporarily restricted net assets: | | |
| Income from investments | 241 | 280 |
| Net realized gains on investments | 768 | 471 |
| Change in net unrealized gains and losses on investments | 5,421 | 6,394 |
| Bequests, contributions, and grants | 20,777 | 11,847 |
| Net assets released from restrictions for purchases of fixed assets | (152) | (258) |
| Net assets released from restrictions for free care | (779) | (889) |
| Net assets released from restrictions for operations | (2,822) | (2,962) |
| Net assets released from restrictions for clinical programs | (9,498) | (12,804) |
| Increase in temporarily restricted net assets | 13,956 | 2,079 |
| Permanently restricted net assets: | | |
| Change in beneficial interest in perpetual trusts | 411 | 1,221 |
| Increase in permanently restricted net assets | 411 | 1,221 |
| Increase in net assets | 269,347 | 74,691 |
| Net assets at beginning of year | 748,778 | 674,087 |
| Net assets at end of year | \$ 1,018,125 | \$ 748,778 |

See accompanying notes.

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

| | Year Ended September 30 | |
|--|--------------------------------|------------------|
| | 2013 | 2012 |
| | <i>(In Thousands)</i> | |
| Cash flows from operating activities | | |
| Increase in net assets | \$ 269,347 | \$ 74,691 |
| Adjustments to reconcile increase in net assets to net cash provided by operating activities: | | |
| Depreciation | 107,957 | 76,768 |
| Net realized and change in net unrealized gains and losses on investments | (63,634) | (60,465) |
| Change in fair value of interest rate swap agreements | (16,946) | 7,318 |
| Amortization of long-term debt premium | (965) | (854) |
| Amortization of deferred financing costs | 333 | 306 |
| Bad debts | 64,649 | 32,622 |
| Change in perpetual trusts | (411) | (1,221) |
| Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund | 6,000 | 9,000 |
| Transfer from Yale-New Haven Health Services Corporation | (2,900) | (2,900) |
| Net transfer to (from) YNH- Network Corporation | 9,793 | (456) |
| Bequests, contributions and grants, net of restricted pledges | (14,717) | (14,807) |
| Pension and other postretirement liability adjustments | (88,656) | 54,174 |
| Changes in operating assets and liabilities: | | |
| Accounts receivable, net | (95,562) | (68,148) |
| Other receivables | 621 | 14,960 |
| Other assets | (29,469) | 7,593 |
| Accounts payable | 15,056 | 34,670 |
| Accrued expenses | 1,505 | 1,130 |
| Professional insurance recoveries and liabilities | 3,479 | 39,590 |
| Other current liabilities, accrued pension and postretirement benefit obligations, other long-term liabilities, and deferred revenue | 17,779 | (32,851) |
| Net cash provided by operating activities | 183,259 | 171,120 |
| Cash flows from investing activities | | |
| Net acquisitions of property, plant, and equipment | (112,719) | (100,921) |
| Sale of property | 53,605 | – |
| Capitalized interest | 146 | 1,977 |
| Cash paid for acquisition, net of cash acquired | – | (133,800) |
| Net change in investments | (82,603) | (173,049) |
| Increase in debt service fund | (557) | (299) |
| Assets whose use is limited | 22,004 | 25,530 |
| Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund | (6,000) | (9,000) |
| Net transfer from YNH Network Corporation | (9,793) | 456 |
| Transfer from Yale-New Haven Health Services Corporation | 2,900 | 2,900 |
| Net cash used in investing activities | (133,017) | (386,206) |
| Cash flows from financing activities | | |
| Proceeds from issuance of debt | 232,000 | 187,000 |
| Proceeds from note payable | – | 25,000 |
| Payments on capital lease obligation | (55,291) | (2,862) |
| Payments of long-term debt | (10,640) | (10,185) |
| Payments on bank line of credit payable | (212,000) | – |
| Payments of notes payable | (40,000) | – |
| Deferred financing costs | (3,230) | – |
| Bequests, contributions and grants, net of pledges | 14,717 | 14,807 |
| Net cash (used in) provided by financing activities | (74,444) | 213,760 |
| Net decrease in cash and cash equivalents | (24,202) | (1,326) |
| Cash and cash equivalents at beginning of year | 64,557 | 65,883 |
| Cash and cash equivalents at end of year | \$ 40,355 | \$ 64,557 |

See accompanying notes.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2013

1. Organization and Significant Accounting Policies

Organization

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

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

Acquisition

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

- Saint Regis Health Center, Inc. d/b/a Sister Anne Virginie Grimes Health Center (“Grimes”) – is a tax-exempt, skilled nursing facility that operated with 120 licensed beds which was a wholly-owned subsidiary of SRHS. In connection with the transaction, YNHCCC acquired substantially all of the land, buildings, equipment and bed licenses associated with Grimes.
- Caritas Insurance Company, Ltd. (“Caritas”) – 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. Caritas was a wholly-owned subsidiary of HSR.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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

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

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

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

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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

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

On the date of the acquisition, the Hospital recorded goodwill in the amount of \$35.7 million. In connection with the finalization of the fair value measurement of the assets and liabilities acquired, the Hospital recorded additional goodwill of approximately \$2.3 million during 2013. In determining the amount of goodwill, all assets acquired and liabilities assumed were measured at fair value as of the acquisition date. Factors contributing to goodwill that resulted from the acquisition include, but are not limited to, the efficiencies that will result from the combination of the campuses and their proximity.

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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

The following table summarizes amounts attributed to SRHS since the acquisition date that are included in the accompanying 2012 consolidated financial statements (in thousands):

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The following table represents pro forma financial information, assuming the acquisition of SRHS had taken place October 1, 2011 for the year ended September 30, 2012. The pro forma information includes adjustments for the amortization of intangible assets. The pro forma financial information is not necessarily indicative of the results of operations as they would have been had the transaction been effected on the acquisition date (in thousands).

| | <u>2012</u> |
|-------------------------------------|-------------------|
| Total operating revenue | \$ 2,257,918 |
| Total operating expense | <u>2,162,129</u> |
| Gain from operations | 95,789 |
| Non-operating gains and losses, net | <u>25,465</u> |
| Excess of revenue over expenses | <u>\$ 121,254</u> |
| Change in net assets: | |
| Unrestricted net assets | \$ 74,634 |
| Temporarily restricted net assets | (2,389) |
| Permanently restricted net assets | <u>921</u> |
| Total change in net assets | <u>\$ 73,166</u> |

Principles of Consolidation

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Use of Estimates

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

During fiscal 2013 and 2012, the Hospital recorded a change in estimate of approximately \$3.6 million and \$10.2 million, respectively. Included in the change are amounts related to favorable third-party payor settlements at September 30, 2013 and 2012, respectively.

Temporarily and Permanently Restricted Net Assets

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

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

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, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Contributions receivable, included in other receivables and other assets in the accompanying consolidated balance sheets at September 30, 2013 and 2012, are expected to be received as follows (in thousands):

| | September 30 | |
|---|---------------------|-----------------|
| | 2013 | 2012 |
| Less than one year | \$ 8,691 | \$ 1,596 |
| One to five years | 1,158 | 2,054 |
| | 9,849 | 3,650 |
| Less unamortized discount on contributions receivable (0.2% to 4.2%) | (60) | (108) |
| | 9,789 | 3,542 |
| Allowance for uncollectible contributions | (294) | (106) |
| | \$ 9,495 | \$ 3,436 |

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.

Cash and Cash Equivalents

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

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Accounts Receivable

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

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

Investments

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

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

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

Under the terms of the investment management agreement with the Trust, withdrawals of the Hospital's investment in the L-TIP can be made annually by the Hospital on July 1. Amounts withdrawn are subject to a schedule that allows larger withdrawals with longer notice periods. As of September 30, 2013, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2014. Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days advance notice.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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

Individual investment holdings within the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Valuations of those investments and, therefore, the Hospital's holdings may be determined by the investment manager or general partner. Fund of funds investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The equity method reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors. The Hospital has made investment commitments of approximately \$37.4 million in these alternative investments, of which approximately \$34.2 million has been funded as of September 30, 2013.

The Trust has an agreement with the University's investment office (the "Investment Management Agreement") which allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the "Pool"). Under the terms of the agreement for the years ended September 30, 2013 and 2012, the Trust transferred \$100 million and \$50.0 million, respectively, to the University in exchange for units in the Pool. The Trust's interest in the Pool is reported at fair value based on the net asset value per units held. The Pool invests in domestic equity, foreign equity, absolute return, private equity, real estate, fixed income and cash.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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

In March 2006, the Hospital entered into an arrangement with the University whereby the University will manage certain Board-designated assets of the Hospital. These Board-designated assets are commingled in the University's endowment pool. At September 30, 2013 and 2012, the carrying value of assets managed by the University under this arrangement was approximately \$9.2 million and \$8.5 million, respectively. Because of the limitations on their use, the assets are separately classified from assets invested under the Investment Management Agreement.

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

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

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.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Assets Limited as to Use

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

Perpetual Trusts

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

Interest Rate Swap Agreements

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

Benefits and Insurance

The Hospital is effectively self-insured for medical, hospitalization, and prescription drug benefits provided to employees. The Hospital makes annual contributions to the 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, 2013 and 2012, the Hospital made actuarially determined contributions, net of premium adjustments, to the VEBA plan of approximately \$137.4 million and \$102.4 million, respectively.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Hospital is self-insured for workers' compensation claims. Estimated amounts are accrued for claims, including claims incurred but not reported ("IBNR") and are based on Hospital-specific experience. At September 30, 2013 and 2012, the estimated discounted liabilities for self-insured workers' compensation claims and IBNR aggregated approximately \$21.1 million, discounted at 2.5%, and \$13.3 million, discounted at 3.0%, respectively, and are included in accrued expenses in the accompanying consolidated balance sheets.

Professional Liability Insurance

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

Property, Plant, and Equipment

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

The Hospital and the Housing Authority of New Haven ("HANH") have entered into an agreement to swap parcels of land on the Legion/Howard/Sylvan/Ward block located in New Haven, Connecticut. As part of the key terms of the agreement, HANH has pledged an account to the Hospital in the amount of \$5.7 million. The pledged account was established at the time the Hospital conveyed the land to HANH in July 2010. In the event that HANH fails to meet certain requirements of the agreement, including conveying its land parcel to the Hospital, the Hospital has the right to withdraw from the pledged account in the amount of \$5.2 million, unless the pledged account is extended with an annual increase of approximately \$180,000. As of September 30, 2013, no events have occurred that would require an increase to the pledged account or that would require the Hospital to withdraw funds from the pledged account.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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, 2013.

Deferred Revenue

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

Excess of Revenue Over Expenses

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

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Income Taxes

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

Operating Expenses

The Hospital records amounts received from the University, area hospitals and other local healthcare providers for costs incurred on behalf of those organizations as reductions to expenses. For the years ended September 30, 2013 and 2012, the Hospital recorded approximately \$67.3 million and \$52.9 million, respectively, as reductions to expenses.

Deferred Financing Costs

The Hospital capitalizes costs incurred in connection with the issuance of long-term debt and amortizes these costs over the life of the respective obligations using the effective interest method. The accumulated amortization of deferred financing costs was approximately \$1.5 million \$1.1 million at September 30, 2013 and 2012, respectively.

Impairment of Assets

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Change in Accounting Principle

In July 2011, the Financial Accounting Standards Board issued Accounting Standards Update (“ASU”) No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (“ASU No. 2011-07”). In accordance with ASU No. 2011-07, the Hospital changed the presentation of its consolidated statement of operations and changes in net assets by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue, similar to contractual allowances and discounts. Additionally, the Hospital has provided enhanced disclosures about its policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The Hospital adopted this accounting standard update as of October 1, 2012, and retrospectively applied the presentation of the provision for bad debts in the accompanying consolidated statements of operations and changes in net assets to all periods presented. The enhanced disclosure requirements are required in the period of adoption and subsequent reporting periods (see Note 2). The Hospital’s adoption of this update has no effect on the previously reported excess of revenue over expenses or on net assets.

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2012 balances previously reported in the financial statements in order to conform with the year ended September 30, 2013 presentation, including the reclassification of provision for doubtful accounts on the statements of operations related to the adoption of ASU 2011-07.

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

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program, includes premium revenue and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

revenue 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 \$5.7 million and \$28.4 million at September 30, 2013 and 2012, respectively. Third-party payor receivables included in other long-term assets were \$7.9 million and \$16.7 million at September 30, 2013 and 2012, respectively. Third-party payor liabilities included in other current liabilities were \$15.1 million and \$2.8 million at September 30, 2013 and 2012, respectively. Third-party payor liabilities included in other long-term liabilities were \$40.1 million and \$28.6 million at September 30, 2013 and 2012, respectively.

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying balance sheets. Additionally, certain payors' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

Revenue from Medicare and Medicaid programs accounted for approximately 32% and 13%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2013 and approximately 27% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 36% and 28%, respectively, for the year ended September 30, 2013 and approximately 30% and 29%, respectively, for the year ended September 30, 2012. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing except as disclosed in Note 10. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

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

The significant concentrations of accounts receivable for services to patients include 34% from Medicare, 14% from Medicaid, and 52% from non-governmental payors at September 30, 2013 and 28% from Medicare, 11% from Medicaid, and 61% from non-governmental payors at September 30, 2012.

Net patient service revenue is comprised of the following for the years ended September 30, 2013 and 2012 (in thousands):

| | <u>2013</u> | <u>2012</u> |
|------------------------------------|---------------------|---------------------|
| Gross revenue from patients | \$ 8,243,053 | \$ 5,740,304 |
| Deductions: | | |
| Contractual allowances | 5,808,321 | 3,948,050 |
| Charity and free care (at charges) | 87,167 | 78,983 |
| Provision for doubtful accounts | 64,649 | 32,622 |
| Net patient service revenue | <u>\$ 2,282,916</u> | <u>\$ 1,680,649</u> |

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

| | <u>Third-Party</u> | <u>Self-Pay</u> | <u>Total All Payors</u> |
|---|-----------------------|-----------------|-----------------------------|
| | <i>(In Thousands)</i> | | |
| Patient service revenue (net of contractual allowances and discounts) | \$ 2,248,732 | \$ 98,833 | \$ 2,347,565 |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

Deductibles and copayments under third-party payment programs within the third-party payor amount above are the patient's responsibility and the Hospital 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, the Hospital 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.

The Hospital's allowance for doubtful accounts totaled approximately \$151.3 million and \$59.6 million at September 30, 2013 and 2012, respectively. The allowance for doubtful accounts for self-pay patients was approximately 88.9% and 80.2% of self-pay accounts receivable as of September 30, 2013 and 2012, respectively. Overall, the total of self-pay discounts and write-offs did not change significantly in 2013. The Hospital did not experience significant changes in write-off trends and did not change its charity care policy in 2013.

3. Uncompensated Care and Community Benefit Expense

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

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

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately \$102.1 million and \$69.8 million for the years ended September 30, 2013 and 2012, respectively. The estimated cost of uncompensated care is based on the ratio of cost to charges, as determined by claims activity.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense (continued)

The estimated cost of charity care provided was \$53.8 million and \$47.8 million for the years ended September 30, 2013 and 2012, respectively. The estimated cost of charity care is based on the ratio of cost to charges. The allocation between bad debt and charity care is determined based on management's analysis on the previous 12 months of hospital data. This analysis calculates the actual percentage of accounts written off or designated as bad debt versus charity care while taking into account the total costs incurred by the hospital for each account analyzed.

For the years ended September 30, 2013 and 2012, bad debt expense, at charges, was \$64.6 million and \$32.6 million, respectively. For the years ended September 30, 2013 and September 30, 2012 bad debt expense, at cost, was \$48.3 million and \$22.0 million, respectively. The bad debt expense is multiplied by the ratio of cost to charges for purposes of inclusion in the total uncompensated care amount identified above.

The Connecticut Disproportionate Share Hospital Program ("CDSHP") was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by an assessment on hospital net patient service revenue. During the years ended September 30, 2013 and 2012, the Hospital received \$58.0 million and \$73.2 million, respectively, in CDSHP distributions, of which approximately \$33.3 million and \$51.9 million was related to charity care. The Hospital made payments into the CDSHP of \$73.5 million and \$56.5 million for the years ended September 30, 2013 and 2012, respectively, for the assessment.

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

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Investments and Assets Limited as to Use

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

| | 2013 | 2012 |
|---|---------------------|-------------------|
| Money market funds | \$ 123,249 | \$ 156,663 |
| U.S. equity securities | 43,594 | 28,378 |
| U.S. equity securities –common collective trusts | 13,789 | 6,331 |
| International equity securities ^(a) | 64,313 | 40,019 |
| Fixed income: | | |
| U.S. government | 80,472 | 87,329 |
| U.S. government – common collective trusts | 82,103 | 82,872 |
| International government ^(b) | 63,960 | 43,236 |
| Commodities | 396 | 676 |
| Hedge funds: | | |
| Absolute return ^(c) | 9,383 | 48,614 |
| Long/short equity ^(d) | – | 12,205 |
| Real estate ^(e) | 9,590 | 9,905 |
| Interest in Yale University endowment pool ^(f) | 511,719 | 361,550 |
| Perpetual trusts ^(g) | 12,538 | 12,127 |
| Total | \$ 1,015,106 | \$ 889,905 |

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

^(b) Investments with external commodities futures manager.

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

^(d) Investment with an external long-short equity fund of funds manager with underlying portfolio investments consisting of publicly traded equity positions.

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

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

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

The Hospital's ownership percentage of the Trust was approximately 89.1% and 85.8% as of September 30, 2013 and 2012, respectively. The Hospital's prorata portion of the Trust's investments are included above in the table.

Included in assets limited as to use at September 30, 2012 are funds to be used for the various renovations and expansion at the Hospital which was funded by the Series M bond (see Note 7). These funds consisted of money market funds of approximately \$13.3 million at September 30, 2012. These funds were fully exhausted during the year ended September 30, 2013.

5. Endowment

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

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

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

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

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

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

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

| | September 30 | |
|---|-----------------------|------------------|
| | 2013 | 2012 |
| | <i>(In Thousands)</i> | |
| The portion of perpetual endowment funds subject to a time restriction under CUPMIFA: | | |
| Without purpose restrictions | \$ 8,199 | \$ 8,297 |
| With purpose restrictions | <u>27,907</u> | <u>28,381</u> |
| Total endowment funds classified as temporarily restricted net assets | <u>\$ 36,106</u> | <u>\$ 36,678</u> |

Return Objectives and Risk Parameters

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

Strategies Employed for Achieving Objectives

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

Spending Policy and How the Investment Objectives Relate to Spending Policy

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Temporarily and Permanently Restricted Net Assets

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

| | September 30 | |
|--|---------------------|------------------|
| | 2013 | 2012 |
| Plant improvement and expansion | \$ 6,938 | \$ 568 |
| Specific hospital operations, teaching, research, free care, and training | 53,044 | 45,458 |
| | \$ 59,982 | \$ 46,026 |

Permanently restricted net assets of approximately \$27.2 million and \$26.7 million at September 30, 2013 and 2012, 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 debt is as follows (in thousands):

| | September 30 | |
|---|---------------------|-------------------|
| | 2013 | 2012 |
| Hospital revenue bonds financed with the State of Connecticut Health and Educational Facilities Authority (“CHEFA”): | | |
| Series J (5.12% effective interest rate) | \$ 156,120 | \$ 159,110 |
| Series K (3.11% effective interest rate) | 89,005 | 94,955 |
| Series L (3.68% effective interest rate) | 107,460 | 107,460 |
| Series M (5.24% effective interest rate) | 98,475 | 100,175 |
| Series N (4.27% effective interest rate) | 44,815 | – |
| Series O (2.84% effective interest rate) | 50,000 | – |
| Series 2013 taxable bonds (4.13% effective interest rate) | 132,000 | – |
| Bank line of credit payable | – | 187,000 |
| Bank line of credit payable | – | 25,000 |
| Capital lease obligation – November 2010 | – | 53,827 |
| Capital lease obligation – December 2010 | 52,237 | 53,702 |
| Bank note payable (0.08% effective interest rate) | – | 40,000 |
| | 730,112 | 821,229 |
| Add: premium | 10,687 | 6,467 |
| Less: current portion | (12,625) | (100,490) |
| | \$ 728,174 | \$ 727,206 |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

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

In May 2008, the Hospital issued Series K and Series L revenue bonds totaling approximately \$216.6 million. The Series K revenue bonds were issued as Variable Rate Demand Bonds (“VRDBs”) in two sub-series, Series K-1 and K-2, approximately \$54.6 million each, with an effective rate of 0.1% in 2013 and 2012. The proceeds from the Series K issuance were used to refund the Series I revenue bonds. The Series L revenue bonds were issued as VRDBs in two sub-series, Series L-1 and L-2, approximately \$53.7 million each, with an effective rate of 0.1% and 0.8% in 2013 and 2012, respectively. The proceeds from the Series L issuance were used to refund the Series J-2 and J-3 revenue bonds.

In December 2010, the Hospital issued Series M revenue bonds totaling approximately \$104.4 million. The proceeds, including a premium of approximately \$1.0 million, were used to finance costs for the expansion and renovations to the Adult Emergency Department, the purchase and installation of machinery and equipment, various renovations and improvements to the Hospital’s infrastructure, and to pay for bond issuance costs. The premium was being amortized and included in capitalized interest through December 2012. As of the completion of these projects, the bond premium was amortized in the statement of operations and changes in net assets. The Series M revenue bonds were issued as one series consisting of approximately \$33.9 million of serial bonds bearing interest at 4.69%, and approximately \$17.6 million, \$17.8 million, and \$35.1 million in term bonds bearing interest at 5.25%, 5.75%, and 5.50%, respectively, per annum.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

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% at September 30, 2013. The proceeds, including a premium of approximately \$5.2 million for the Series N revenue bonds, were used to refinance the line credit used to finance the acquisition of HSR. The bond premium is being amortized as interest expense in the accompanying consolidated statement of operations and changes in net assets.

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

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.

On August 30, 2011, the Hospital entered into a loan agreement with Bank of America, N.A. (the “Bank”) for \$40.0 million. The Hospital agreed to repay the Bank the aggregate principal amount in five equal annual payments of \$8.0 million, beginning on October 1, 2012. The loan bears interest at a rate equal to LIBOR plus 0.50% per annum with an option to convert to a fixed rate loan upon formal notification to the Bank, which may include a portion of or the total outstanding loan balance at the time notification is made. The loan was fully repaid by the issuance of the Series N, Series O, and Series 2013 bonds.

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

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

The terms of the various financing arrangements between CHEFA and the Hospital, the financial institutions providing the LOCs and the Hospital, and the Bank and the Hospital provide for financial covenants regarding the Hospital's debt service coverage ratio, liquidity ratio, and debt to capitalization ratio, among others. As of September 30, 2013 and 2012, the Hospital was in compliance with these covenants.

Sinking fund installment amounts are to be made in accordance with the Series J, K, L, M, 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.

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

| | <u>Debt</u> | <u>Capital Lease Obligations</u> |
|--------------------------------|-------------------|----------------------------------|
| 2014 | \$ 11,070 | \$ 4,647 |
| 2015 | 11,445 | 4,821 |
| 2016 | 11,945 | 4,879 |
| 2017 | 12,425 | 4,880 |
| 2018 | 12,975 | 4,880 |
| Thereafter | 618,015 | 58,930 |
| | <u>\$ 677,875</u> | <u>83,037</u> |
| Less interest | | (30,800) |
| Total capital lease obligation | | <u>\$ 52,237</u> |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

Capitalized interest at September 30, 2013 and 2012 totaled \$27.0 million and \$26.9 million, respectively.

The Hospital has entered into interest rate swap agreements with financial institutions related to the Hospital's Series K and Series L debt, and future obligations. The Series K and Series L swaps were carried over as part of the refunding of the Series I and Series J debt. On September 20, 2012, the Hospital entered into a Forward Starting Interest Rate swap (the "Series O swap"), a LIBOR Swap Rate Lock and a SIFMA Rate Lock swap with two different counterparties. The agreements require the Hospital to pay a fixed rate and receive a floating rate based on LIBOR or SIFMA. The change in market value, as well as the net interest paid or received under the swap agreement, for the Series J/Series L swap has been capitalized as part of the interest costs related to construction of the Cancer Hospital until construction was complete. Once the Cancer Hospital became operational these amounts were recorded in the consolidated statements of operations and changes in net assets.

The swap agreements fix the interest rate at a level viewed as desirable by the Hospital. Such agreements expose the Hospital to credit risk in the event of non-performance by the counterparties, some of which is collateralized. At September 30, 2013 and 2012, the fair value of all swap agreements based on current interest rates was approximately \$22.3 million and \$39.3 million, respectively, representing a payable to the counterparties (recorded in other long-term liabilities).

For the Series K swap, there was a favorable change in fair value of approximately \$4.5 million for the year ended September 30, 2013, and an unfavorable change in fair value of approximately \$0.9 million for the year ended September 30, 2012, which was recorded in the excess of revenue over expenses. As a result of the unfavorable change in market value of the Series K swap for the year ended September 30, 2012, \$4.6 million was collateralized by the Hospital and was held by the financial institution as of September 30, 2012, as required by the swap agreement. No collateral was required under the Series K swap agreement for the year ended September 30, 2013.

For the Series L swap, there was a favorable change in fair value of approximately \$7.5 million for the year ended September 30, 2013, and an unfavorable change in fair value of approximately \$2.0 million for the year ended September 30, 2012, which was recorded in the excess of revenue over expenses. No collateral was required under the Series L swap agreement for the years ended September 30, 2013 and 2012.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

For the Series O swap and the LIBOR Swap Rate Lock swap, there was a favorable change in fair value of \$2.2 million and \$1.0 million, respectively, for the year ended September 30, 2013 which was recorded in excess of revenue over expenses. For the Series O swap, the LIBOR Swap Rate Lock and the SIFMA Rate Lock swaps, there was an unfavorable change in fair value of \$1.0 million, \$1.9 million, and \$1.6 million, respectively, for the year ended September 30, 2012, which was recorded in excess of revenue over expenses. In February 2013, the SIFMA Rate Lock swap and the LIBOR Swap Rate Lock were terminated. Upon termination, gains of \$0.8 million and \$4.5 million, respectively, were recorded in non-operating gains and losses, net.

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

| Swap Type | Expiration Date | Hospital Receives | Hospital Pays | Notional Amount at | |
|-------------------------------------|-----------------|-------------------|---------------|--------------------|-------------------|
| | | | | September 30, 2013 | 2012 |
| Series K – Fixed to Floating | July 1, 2025 | LIBOR | 3.11% | \$ 59,987 | \$ 63,977 |
| Series L – Fixed to Floating | July 1, 2036 | LIBOR | 3.68% | 44,505 | 44,505 |
| Forward Starting Interest Rate Swap | July 1, 2053 | 67% of LIBOR | 2.84% | 50,000 | 50,000 |
| LIBOR Swap Rate Lock | July 1, 2043 | LIBOR | 2.73% | – | 92,000 |
| SIFMA Rate Lock | July 1, 2048 | SIFMA | 2.66% | – | 50,000 |
| | | | | \$ 154,492 | \$ 300,482 |

For the years ended September 30, 2013 and 2012, the Hospital paid approximately \$22.9 million and \$16.5 million, respectively, for interest related to long-term debt, exclusive of the swap agreements.

Arbitrage rules apply for Series J-1 and Series M tax-exempt debt. The rules require that, in specified circumstances, earnings from the investment of tax-exempt bond proceeds which exceed the yield on the bonds must be remitted to the Federal government.

The Hospital has entered into a contract to lease space in a building adjacent to the Hospital. The Hospital's rental obligation commenced in December 2009. This lease has a term of twenty years from the commencement date with the option to extend the lease for four successive terms of ten years. Rental payments 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.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

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

Assets recorded under the capital lease obligations totaled \$57.3 and \$115.1 million as of September 30, 2013 and 2012, respectively. Accumulated depreciation for the capital lease obligations totaled \$5.9 million and \$8.0 million at September 30, 2013 and 2012, respectively.

8. Pensions and Postretirement Benefits

The Hospital has qualified and non-qualified defined benefit pension plans covering substantially all employees and executives. The benefits provided are based on age, years of service and compensation. The Hospital's policy is to fund the pension benefits with at least the minimum amounts required by the Employee Retirement Income Security Act of 1974.

The employees formerly employed by SRHS received credit for such past service solely for purposes of determining such employee's eligibility to participate in the qualified defined benefit pension plan and vesting under this plan, but not for purposes of establishing an opening accumulation account or for any other purpose under this plan.

The Hospital also sponsors a contributory 403(b) plan, covering substantially all employees. The Hospital's contributions for the 403(b) plan are made to a matching 401(a) plan and are determined based on employee contributions and years of service. The Hospital contributed approximately \$16.0 million and \$11.9 million for the years ended September 30, 2013 and 2012, respectively. The Hospital maintains a Section 457 non-qualified deferred compensation plan. Contributions are made on a pre-tax basis. The balances recorded at September 30, 2013 and 2012 in other assets and other long-term liabilities were \$27.3 million and \$21.7 million, respectively. The employees formerly employed by SRHS received credit for such past service solely for purposes of determining such employee's eligibility to participate in the contributory 403(b) plan and vesting under this plan but not for any other purpose under this plan.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Effective September 30, 2013, the qualified defined benefit pension plan and the 401(a) plan were amended to reduce the percentage of employee compensation contributed by the Hospital to the qualified defined benefit pension and to increase the percentage of employee compensation contributed by the Hospital to the 401(a) plan for plan years commencing after December 1, 2013. The amendment to the qualified defined benefit pension plan resulted in a decrease to the projected benefit obligation at September 30, 2013 of approximately \$23.9 million.

The Hospital also provides certain health care and life insurance benefits upon retirement to substantially all its employees. The Hospital's policy is to fund these annual costs as they are incurred from the general assets of the Hospital. The estimated cost of these postretirement benefits is actuarially determined and accrued over the employees' service periods.

Included in unrestricted net assets at September 30, 2013 and 2012 are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service credit of \$23.8 million and \$0.1 million, respectively, and unrecognized actuarial losses of \$118.6 million and \$183.6 million, respectively. The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2014 are \$1.9 million and \$5.3 million, respectively.

The following table sets forth the change in benefit obligation, change in plan assets, and the reconciliation of underfunded status of the Hospital's defined benefit plans as of September 30, 2013 and 2012 (in thousands):

| | Defined Benefit Pension Plans | | Postretirement Benefits Plan | |
|--|-------------------------------|--------------|------------------------------|-------------|
| | 2013 | 2012 | 2013 | 2012 |
| Change in benefit obligation: | | | | |
| Benefit obligation at prior measurement date | \$ 475,473 | \$ 405,642 | \$ 79,630 | \$ 63,687 |
| Service cost | 36,264 | 22,106 | 5,080 | 3,442 |
| Interest cost | 16,676 | 18,803 | 3,135 | 3,183 |
| Plan amendments | (23,836) | — | — | — |
| Actuarial (gain)/loss | (38,302) | 53,111 | (18,428) | 10,588 |
| Benefits paid | (20,367) | (24,189) | (1,513) | (1,270) |
| Benefit obligation at current measurement date | 445,908 | 475,473 | 67,904 | 79,630 |
| Change in plan assets: | | | | |
| Fair value of assets at prior measurement date | 271,952 | 225,895 | — | — |
| Actual return on plan assets | 19,906 | 25,511 | — | — |
| Employer contributions | 42,239 | 44,735 | 1,513 | 1,270 |
| Benefits paid | (20,367) | (24,189) | (1,513) | (1,270) |
| Fair value of assets at current measurement date | 313,730 | 271,952 | — | — |
| Accrued benefit cost | \$ (132,178) | \$ (203,521) | \$ (67,904) | \$ (79,630) |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Benefit Obligation and Assumptions

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

| | September 30 | |
|--------------------------------|---------------------|--------------|
| | 2013 | 2012 |
| Projected benefit obligation | \$ (445,908) | \$ (475,473) |
| Accumulated benefit obligation | (380,566) | (398,939) |
| Fair value of plan assets | 313,730 | 271,952 |

At September 30, 2013 and 2012, the underfunded status of the qualified defined benefit pension plan was approximately \$87.9 million and \$154.1 million, respectively, and that of the non-qualified defined benefit pension plan was approximately \$44.3 million and \$49.4 million, respectively. Additionally, there are assets limited as to use of approximately \$69.4 million and \$64.7 million, which are available to satisfy the obligations of the non-qualified defined benefit pension plan at September 30, 2013 and 2012, respectively.

The net periodic benefit cost for the years ended September 30, 2013 and 2012 is as follows (in thousands):

| | Defined Benefit Pension Plans | | Postretirement Benefits Plan | |
|------------------------------------|--|-------------|---|-------------|
| | 2013 | 2012 | 2013 | 2012 |
| Service cost | \$ 36,264 | \$ 22,106 | \$ 5,080 | \$ 3,442 |
| Interest cost | 16,676 | 18,803 | 3,135 | 3,183 |
| Expected return on plan assets | (21,932) | (20,521) | – | – |
| Amortization of prior service cost | (293) | (462) | 85 | 259 |
| Recognized net actuarial loss | 9,619 | 4,738 | 703 | – |
| Net periodic benefit cost | \$ 40,334 | \$ 24,664 | \$ 9,003 | \$ 6,884 |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Weighted-average assumptions and dates used to determine benefit obligations at September 30, 2013 and 2012 are as follows:

| | Defined Benefit Pension Plans | | Postretirement Benefits Plan | |
|---|--------------------------------------|-------------|-------------------------------------|-------------|
| | 2013 | 2012 | 2013 | 2012 |
| Discount rate for determining benefit obligations at year-end, qualified plan | 4.80% | 3.60% | 4.90% | 4.00% |
| Discount rate for determining benefit obligations at year end, non-qualified plan | 4.90 | 4.00 | – | – |
| Rate of compensation increase | 5.00 | 5.00 | – | – |

Weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2013 and 2012 are as follows:

| | Defined Benefit Pension Plans | | Postretirement Benefits Plan | |
|---|--------------------------------------|-------------|-------------------------------------|-------------|
| | 2013 | 2012 | 2013 | 2012 |
| Discount rate for determining net periodic benefit cost at year-end, qualified plan | 3.60% | 4.80% | 4.00% | 5.10% |
| Discount rate for determining net periodic benefit cost at year end, non-qualified plan | 4.00 | 5.10 | – | – |
| 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 6.0% and 7.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal 2013 and fiscal 2012, respectively. Rates are assumed to decline to 4.0% through fiscal 2014.

Assumed health care cost trend rate assumptions have a significant effect on the amounts reported. A 1% change in the assumed healthcare cost trend rate would have the following effects (in thousands):

| | 1% Increase | 1% Decrease |
|---|--------------------|--------------------|
| Effect on total of service and interest cost components | \$ 9 | \$ (11) |
| Effect on postretirement benefit obligation | 162 | (153) |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

The asset allocation of the Hospital's qualified pension plan at September 30, 2013 and 2012 was as follows:

| Asset Category | Target Allocation | Percentage of Plan Assets | |
|-------------------|-------------------|---------------------------|------|
| | 2014 | 2013 | 2012 |
| Equity securities | 38% | 41% | 42% |
| Debt securities | 26 | 24 | 27 |
| Real assets | 14 | 12 | 11 |
| All other assets | 22 | 23 | 20 |
| Total | 100% | 100% | 100% |

The pension assets carried at fair value, as of September 30, 2013 and 2012 are classified in the following tables (see FootNote 14 for description) (in thousands):

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

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

| | September 30, 2012 | | | Total |
|---------------------------------|---------------------------|------------------|------------------|-------------------|
| | Level 1 | Level 2 | Level 3 | |
| Money market funds | \$ 18,306 | \$ — | \$ — | \$ 18,306 |
| U.S. equity securities | 53,150 | — | — | 53,150 |
| International equity securities | 58,819 | — | — | 58,819 |
| Fixed income: | | | | |
| U.S. government | 53,392 | — | — | 53,392 |
| International government | 12,985 | 6,425 | — | 19,410 |
| Commodities | 5,469 | — | 6,127 | 11,596 |
| Private Equity | — | — | 509 | 509 |
| Hedge funds: | | | | |
| Absolute return | — | 32,115 | — | 32,115 |
| Long/short equity | — | 7,871 | — | 7,871 |
| Real estate | — | — | 16,784 | 16,784 |
| Total investments | \$ 202,121 | \$ 46,411 | \$ 23,420 | \$ 271,952 |

The following is a rollforward of the pension assets classified as Level 3 of the valuation hierarchy as described in Note 15:

| | Commoditi es | Private Equity | Real Estate | Total |
|--|-------------------------|---------------------------|------------------------|------------------|
| Fair value at September 30, 2011 | \$ 5,745 | \$ 331 | \$ 15,627 | \$ 21,703 |
| 2012 Realized and unrealized gains and losses | 18 | (57) | 183 | 144 |
| 2012 Purchases | 897 | 235 | 2,078 | 3,210 |
| 2012 Sales | (533) | — | (1,104) | (1,637) |
| Fair value at September 30, 2012 | 6,127 | 509 | 16,784 | 23,420 |
| 2013 Realized and unrealized gains and losses | (160) | (7) | 1,058 | 891 |
| 2013 Purchases | 748 | 688 | 2,334 | 3,770 |
| 2013 Sales | (488) | (47) | (2,113) | (2,648) |
| Fair value at September 30, 2013 | \$ 6,227 | \$ 1,143 | \$ 18,063 | \$ 25,433 |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

The Hospital's investment strategy for its pension assets balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term, while ensuring security of principal to meet near-term expenses and obligations through the fixed income allocation. The allocation of the investment pool to various sectors of the markets is designed to reduce volatility in the portfolio. The Hospital's pension portfolio return assumption of 7.75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses. The actual return on assets of the pension plan for the years ended September 30, 2013 and 2012 was 7.4% and 11.1 %, respectively.

The future cash flows of the Hospital relative to retirement benefits are expected to be as follows (in thousands):

| Estimated benefit payments related to | <u>Defined Benefit Pension Plans</u> | <u>Postretirement Benefits Plan</u> |
|---------------------------------------|--------------------------------------|-------------------------------------|
| years ending September 30: | | |
| 2014 | \$ 23,178 | \$ 2,349 |
| 2015 | 25,681 | 2,540 |
| 2016 | 26,213 | 2,762 |
| 2017 | 27,905 | 3,047 |
| 2018 | 29,742 | 3,377 |
| 2019 to 2023 | 175,965 | 22,967 |

The Hospital expects to contribute approximately \$31.1 million for pension benefits and \$2.2 million for postretirement benefits payments in fiscal 2014.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Professional Liability Insurance

In 1978, the Hospital and a number of other academic medical centers formed the Medical Centre Insurance Company, Ltd (the “Captive”) to insure for professional and comprehensive general liability risks. In 1997, the Captive formed MCIC Vermont, Inc. to write direct insurance for the professional and general liability risks of the shareholders. Since 1997, the Captive has acted as a reinsurer for varying levels of per claim limit exposure. MCIC Vermont, Inc. has reinsurance coverage from outside reinsurers for amounts above the per claim limits. Premiums are based on modified claims made coverage and are actuarially determined based on actual experience of the Hospital, the Captive and MCIC Vermont, Inc.

In fiscal 1998, the Hospital entered into a purchase and sales management agreement with YNHHS that transferred the Hospital’s participation in the Captive to YNHHS for its book value as calculated by the Captive. Under the terms of the agreement, the Hospital retains certain elements of control and assumes limited risk associated with the ongoing operation of the Captive. The Hospital pays insurance premiums to YNHHS.

Additionally, because the purchase and sales management agreement entered into with YNHHS in 1998 meet criteria for deposit accounting, the Hospital recorded an actuarially determined liability for IBNR professional and general liabilities with an offsetting deposit (asset) of an equal amount (approximately \$11.8 million).

The estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately \$111.2 million and \$84.5 million at September 30, 2013 and 2012, respectively for the Hospital. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$33.3 million and \$29.7 million for the Hospital at September 30, 2013 and 2012, respectively, and is included in professional insurance liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately \$29.9 million and \$28.5 million, respectively, based on a discount rate of 2.5% and 3.0% for the years ended September 30, 2013 and 2012, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately \$81.3 million and \$56.0 million at September 30, 2013 and 2012, respectively, in consideration of the expected insurance recoveries for the total discounted modified claims-made insurance. The current portion of professional liabilities and the related insurance receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Professional Liability Insurance (continued)

Lukan, the Hospital sponsored professional liability program, continues to manage all incidents and claims reported to Lukan prior to the acquisition of SRHS, as well as extending professional liability coverage for post acquisition risks to certain affiliated community clinicians.

Prior to the acquisition of SRHS, Caritas provided excess professional liability and general liability insurance to SRHS and their employed clinicians. Caritas continues to manage all incidents and claims reported prior to the acquisition of SRHS.

Caritas and Lukan have recorded the undiscounted estimate for claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated of approximately \$38.7 million and \$36.6 million at September 30, 2013 and 2012, respectively, and are included in professional liabilities in the accompanying consolidated statements of financial position.

The Hospital's estimates for professional insurance liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for the Hospital and related industry factors, trending models, estimates for the payment patterns of future claims and present value discount factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated.

10. Commitments and Contingencies

Leases

The Hospital leases certain office, clinical and parking spaces under non-cancelable operating leases that range in terms ending in 2014 through 2038. Future minimum lease payments under these leases are as follows (in thousands):

| | |
|------------|-------------------|
| 2014 | \$ 15,588 |
| 2015 | 12,301 |
| 2016 | 11,701 |
| 2017 | 10,394 |
| 2018 | 8,986 |
| Thereafter | 89,918 |
| | <u>\$ 148,888</u> |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Commitments and Contingencies (continued)

The Hospital incurred net rent and parking expense under these leases of approximately \$15.2 million and \$10.9 million for each of the years ended September 30, 2013 and 2012, respectively.

Cancer Hospital

The Hospital has a shared facilities and services agreement with the University in connection with the Cancer Hospital which is recorded as deferred revenue. Deferred revenue, from this agreement, at September 30, 2013 and 2012 was \$45.2 million and \$46.6 million, respectively.

Litigation

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 9 or are deemed to be immaterial. While the outcomes of the lawsuits and claims cannot be determined at this time, management believes that any loss which may arise from these will not have a material adverse effect on the financial position or changes in net assets of the Hospital.

The Hospital has received requests for information from certain governmental agencies relating to, among other things, patient billings. These requests cover several prior years relating to compliance with certain laws and regulations. Management is cooperating with those governmental agencies in their information requests and ongoing investigations. The ultimate results of those investigations, including the impact on the Hospital, cannot be determined at this time.

11. Functional Expenses

The Hospital provides general acute health care services to residents within its geographic area. Net expenses related to providing these services are as follows (in thousands):

| | Year Ended September 30 | |
|----------------------------|----------------------------|---------------------|
| | 2013 | 2012 |
| Health care services | \$ 1,923,539 | \$ 1,390,200 |
| General and administrative | 313,134 | 231,622 |
| | <u>\$ 2,236,673</u> | <u>\$ 1,621,822</u> |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Related-Party Transactions

The Hospital provided facility space and certain services to related parties as follows (in thousands):

| | Year Ended September 30 | |
|----------------------------------|--------------------------------|-----------------|
| | 2013 | 2012 |
| Recovery of expenses: | | |
| YNHHSC: | | |
| Facility rental | \$ 3,028 | \$ 2,883 |
| Shared services | — | 230 |
| | <u>\$ 3,028</u> | <u>\$ 3,113</u> |
| Bridgeport Hospital: | | |
| Resident fees | \$ 1,977 | \$ 2,379 |
| Other | 753 | 1,107 |
| | <u>\$ 2,730</u> | <u>\$ 3,486</u> |
| Ambulatory Services Corporation: | | |
| Salaries and benefits | \$ 5,735 | \$ 5,654 |
| Other | 567 | 336 |
| | <u>\$ 6,302</u> | <u>\$ 5,990</u> |

YNHHSC is the sole member of Bridgeport Hospital Healthcare Services, Inc., which is the sole member of Bridgeport Hospital.

YNHNC is the parent organization of Yale-New Haven Ambulatory Services Corporation, a Connecticut, non-stock taxable corporation.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Related-Party Transactions (continued)

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

| | Year Ended September 30 | |
|--|------------------------------------|-------------------|
| | 2013 | 2012 |
| Operating expenses: | | |
| Professional and general liability insurance | \$ 26,928 | \$ 20,948 |
| Information systems | 44,896 | 37,673 |
| System business office | 23,518 | 17,739 |
| Other business services | 88,032 | 67,613 |
| | \$ 183,374 | \$ 143,973 |

Amounts receivable from and payable to related organizations included in other receivables, other assets, accounts payable and other long-term liabilities, respectively, in the accompanying balance sheets are as follows (in thousands):

| | September 30 | |
|---------------------------------|---------------------|------------------|
| | 2013 | 2012 |
| Other receivables: | | |
| YNHHS | \$ 6,207 | \$ 2,283 |
| York Enterprises, Inc. | 3,695 | 482 |
| Ambulatory Services Corporation | 492 | 369 |
| Greenwich Hospital | 809 | 560 |
| Northeast Medical Group, Inc. | 548 | - |
| YNH Care Continuum Corporation | 2,776 | - |
| YNH Network Corporation | 421 | - |
| Other assets: | | |
| YNH Care Continuum Corporation | 4,000 | 4,000 |
| Ambulatory Services Corporation | 12,500 | 12,500 |
| | \$ 31,448 | \$ 20,194 |
| Accounts payable: | | |
| YNHHS | \$ 35,832 | \$ 28,503 |
| Ambulatory Services Corporation | 3,425 | - |
| Bridgeport Hospital | 837 | 1,501 |
| YNH Network Corporation | - | 613 |
| York Enterprises, Inc. | 16 | 16 |
| Northeast Medical Group Inc. | - | 2,912 |
| YNH Care Continuum Corporation | - | 407 |
| Other long-term liabilities: | | |
| YNHHS | 48,307 | 42,385 |
| | \$ 88,417 | \$ 76,337 |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Related-Party Transactions (continued)

The Hospital maintains certain investments for YNHHSO employees that participate in the Hospital'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 other current assets and other assets were approximately \$28.4 million and \$85.2 million, respectively, at September 30, 2013 and approximately \$13.9 million and \$49.8 million, respectively, at September 30, 2012.

Additionally, for the years ended September 30, 2013 and 2012, the Hospital funded YNHHSO approximately \$6.0 million and \$9.0 million, respectively, as part of its participation in the New Clinical Program Development Corporation ("NCPDC"). The NCPDC was established for the purpose of funding and supporting clinical research and clinical programs. The NCPDC Board approves the funding of initiatives.

13. Other Revenue

Other revenue consisted of the following (in thousands):

| | Year Ended September 30 | |
|---|------------------------------------|-------------|
| | 2013 | 2012 |
| Cafeteria and vending | \$ 10,564 | \$ 7,756 |
| Contributions | 3,924 | 2,960 |
| Parking income | 6,507 | 4,087 |
| Net assets released from restrictions for operations | 2,822 | 2,962 |
| Net assets released from restrictions for free care | 779 | 889 |
| Net assets released from restrictions for medical research and clinical programs | 9,498 | 12,804 |
| Grants | 13,051 | 8,314 |
| Electronic health records incentive payment | 4,210 | 2,649 |
| Other | 7,278 | 5,263 |
| | \$ 58,633 | \$ 47,684 |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Other Revenue (continued)

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 \$2.6 million for the year ended September 30, 2013 and Medicaid EHR incentive payment revenue was approximately \$1.6 million \$2.6 million, respectively, for the years ended September 30, 2013 and 2012. 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.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

14. Non-Operating Gains and Losses, Net

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

| | Year Ended September 30 | |
|--|------------------------------------|------------------|
| | 2013 | 2012 |
| Income from investments, donations and other, net | \$ 7,300 | \$ 5,959 |
| Change in unrealized gains and losses on investments | 50,283 | 47,932 |
| Change in fair value of swaps, including counterparty payments | 16,586 | (12,610) |
| Acquisition costs related to Saint Raphael Healthcare System | (196) | (22,103) |
| Medical residents FICA tax refund | (127) | 4,920 |
| | \$ 73,846 | \$ 24,098 |

15. Fair Value Measurements

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Hospital also considers nonperformance risk in the overall assessment of fair value.

ASC 820-10, *Fair Value Measurements*, establishes a three tier valuation hierarchy for fair value disclosure purposes. This hierarchy is based on the transparency of the inputs utilized for the valuation. The three levels are defined as follows:

Level 1: Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.

Level 2: Observable inputs that are based on data not quoted in active markets, but corroborated by market data.

Level 3: Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of September 30, 2013 are classified in the following table in two of the three categories described above (in thousands):

| | September 30, 2013 | | | Total |
|--|--------------------|------------------|-------------------|--------------------|
| | Level 1 | Level 2 | Level 3 | |
| Cash and cash equivalents | \$ 40,355 | \$ – | \$ – | \$ 40,355 |
| Money market funds | 123,249 | – | – | 123,249 |
| U.S. equity securities | 43,594 | – | – | 43,594 |
| International equity securities | 64,313 | – | – | 64,313 |
| Fixed income | | | | |
| U.S. government | 80,472 | – | – | 80,472 |
| International government | 38,789 | 25,171 | – | 63,960 |
| Interest in Yale University endowment pool | – | – | 511,719 | 511,719 |
| Investments at fair value | <u>\$ 390,772</u> | <u>\$ 25,171</u> | <u>\$ 511,719</u> | <u>927,662</u> |
| Common collective trusts | | | | 95,892 |
| Alternative investments | | | | 19,369 |
| Perpetual trusts | | | | 12,538 |
| Investments not at fair value | | | | <u>127,798</u> |
| Total investments | | | | <u>\$1,055,461</u> |
| Liabilities: | | | | |
| Interest rate swaps | \$ – | \$ (22,323) | \$ – | \$ (22,323) |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of 2012 are classified in the following table in two of the three categories described above (in thousands):

| | September 30, 2012 | | | |
|--|---------------------------|--------------------|-------------------|--------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Cash and cash equivalents | \$ 64,557 | \$ — | \$ — | \$ 64,557 |
| Money market funds | 156,663 | — | — | 156,663 |
| U.S. equity securities | 28,378 | — | — | 28,378 |
| International equity securities | 40,019 | — | — | 40,019 |
| Fixed income | | | | |
| U.S. government | 87,329 | — | — | 87,329 |
| International government | 26,227 | 17,009 | — | 43,236 |
| Interest in Yale University endowment pool | — | — | 361,550 | 361,550 |
| Investments at fair value | <u>\$ 403,173</u> | <u>\$ 17,009</u> | <u>\$ 361,550</u> | 781,732 |
| Common collective trusts | | | | 89,203 |
| Alternative investments | | | | 71,400 |
| Perpetual trusts | | | | 12,127 |
| Investments not at fair value | | | | <u>172,730</u> |
| Total investments | | | | <u>\$ 954,462</u> |
| Liabilities: | | | | |
| Interest rate swaps | <u>\$ —</u> | <u>\$ (39,269)</u> | <u>\$ —</u> | <u>\$ (39,269)</u> |

The following is a rollforward of assets classified as Level 3 of the valuation hierarchy:

| | |
|---|-------------------|
| Interest in Yale University Endowment Pool: | |
| Fair value at September 30, 2011 | \$ 278,719 |
| 2012 Unrealized gains | 38,570 |
| 2012 Purchases | 44,261 |
| Fair value at September 30, 2012 | <u>361,550</u> |
| 2013 Unrealized gains | 50,169 |
| 2013 Purchases | 100,000 |
| Fair value at September 30, 2013 | <u>\$ 511,719</u> |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

The fair value of debt was approximately \$674.6 million and \$741.7 million at September 30, 2013 and 2012, respectively. The fair value of the capital leases was approximately \$51.3 million and \$112.6 million at September 30, 2013 and 2012, respectively. The fair value of long-term debt is classified as Level 2 in the fair value hierarchy as it uses a combination of quoted market prices and valuation based on current market rates.

The amounts reported in the table as detailed above do not include assets invested in the Hospital's defined benefit pension plan (see Note 8). In addition, included in the table above are investments at September 30, 2013 and 2012 in common collective trusts totaling approximately \$95.9 million and \$89.2 million, respectively, other alternative investments totaling approximately \$19.1 million and \$71.4 million, respectively, and perpetual trusts totaling approximately \$12.5 million and \$12.1 million, respectively, that are accounted for under the equity method of accounting (see Note 1). The interest rate swaps listed above are classified in the accompanying balance sheets as other long-term liabilities at September 30, 2013 and 2012.

The following is a summary of total investments as of September 30, 2013 with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands):

| Description of Investment | Carrying Value | Unfunded Commitment | Redemption Frequency | Notice Period | Funds Availability |
|----------------------------------|-----------------------|----------------------------|-----------------------------|----------------------|---------------------------|
| Real estate | \$ 9,590 | \$ 3,231 | N/A | N/A | N/A |
| Commodities | \$ 396 | – | N/A | N/A | N/A |

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

16. Medical Residents FICA Tax Refund

In March 2010, the Internal Revenue Service (“IRS”) announced that, for periods ending before April 1, 2005, medical residents would be eligible for student exception of Federal Insurance Contributions Act (“FICA”) taxes. Under the student exception, FICA taxes do not apply to wages for services performed by students employed by a school, college, or university where the student is pursuing a course of study. As a result, the IRS will allow refunds for institutions that file timely FICA refund claims and provide certain information to meet the requirements of perfection, established by the IRS, for their claims applicable to periods prior to April 1, 2005. Institutions are potentially eligible for medical resident FICA refunds for both the employer and employee portions of FICA taxes paid, plus statutory interest. For the year ended September 30, 2013 the Hospital recorded estimated net revenue of \$4.9 million in non-operating gains and losses, related to FICA medical resident refunds claims that have met the IRS refund requirements. At September 30, 2012, the Hospital recorded a net receivable of approximately \$18.2 million included in other assets and a payable of approximately \$13.8 million included in other long-term liabilities at September 30, 2012. The Hospital collected approximately \$18.1 million and paid approximately \$13.8 million in 2013. The Hospital has established its estimate based on information presently available and this estimate is subject to change as the IRS adjudicates the claims.

17. Subsequent Events

Subsequent events have been evaluated through December 23, 2013 which is the date the financial statements were available to be issued. No events have occurred, except those disclosed below, that require disclosure or adjustment of the financial statements.

On October 11, 2013, the Hospital acquired all of the business, assets, operations, of the Saint Raphael Magnetic Resonance Partnership (“SRMP”). SRMP provides radiology services to patients in the New Haven area. 50% of the interest in SRMP was acquired from an unrelated third party for \$3.9 million and the remaining 50% will be transferred to the Hospital from ASC, who acquired a 50% interest in SRMP on September 12, 2012 as part of the SRHS acquisition described in Note 1.

Supplementary Information

Report of Independent Auditors on Supplementary Information

Board of Trustees
Yale-New Haven Hospital, Inc. and Subsidiaries

We have audited, in accordance with auditing standards generally accepted in the United States, the consolidated financial statements of Yale-New Haven Hospital, Inc. and Subsidiaries as of and for the years ended September 30, 2013 and 2012, and have issued an unmodified report thereon dated December 23, 2013. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating balance sheets and consolidating statement of operations and change in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statement as a whole.

Ernst & Young LLP

December 23, 2013

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet

September 30, 2013

(In Thousands)

| | <u>Hospital</u> | <u>Lukan</u> | <u>Caritas</u> | <u>Eliminations</u> | <u>Total</u> |
|--|---------------------|------------------|------------------|---------------------|---------------------|
| Assets | | | | | |
| Current assets: | | | | | |
| Cash and cash equivalents | \$ 38,914 | \$ 1,388 | \$ 53 | \$ — | \$ 40,355 |
| Short-term investments | 671,389 | 22,808 | 15,256 | — | 709,453 |
| Accounts receivable for services to patients, net | 233,822 | — | — | — | 233,822 |
| Other receivables | 48,016 | 80 | — | (76) | 48,020 |
| Professional liabilities insurance recoveries receivable—current portion | 21,142 | — | — | — | 21,142 |
| Other current assets | 60,752 | 1 | 34 | — | 60,787 |
| Amounts on deposit with trustee in debt service fund | 7,176 | — | — | — | 7,176 |
| Total current assets | <u>1,081,211</u> | <u>24,277</u> | <u>15,343</u> | <u>(76)</u> | <u>1,120,755</u> |
| Assets limited as to use | 84,095 | — | — | — | 84,095 |
| Long-term investments | 207,616 | 6,766 | — | — | 214,382 |
| Deferred financing costs, less accumulated amortization | 8,079 | — | — | — | 8,079 |
| Professional liabilities insurance recoveries receivable—non-current | 60,199 | — | — | — | 60,199 |
| Goodwill | 38,955 | — | — | — | 38,955 |
| Other assets | 197,465 | — | 1,100 | (8,560) | 190,005 |
| Property, plant, and equipment: | | | | | |
| Land and land improvements | 33,191 | — | — | — | 33,191 |
| Buildings and fixtures | 1,101,393 | — | — | — | 1,101,393 |
| Equipment | 461,458 | — | — | — | 461,458 |
| | <u>1,596,042</u> | <u>—</u> | <u>—</u> | <u>—</u> | <u>1,596,042</u> |
| Less accumulated depreciation | 677,907 | — | — | — | 677,907 |
| | <u>918,135</u> | <u>—</u> | <u>—</u> | <u>—</u> | <u>918,135</u> |
| Construction in progress | 22,942 | — | — | — | 22,942 |
| | <u>941,077</u> | <u>—</u> | <u>—</u> | <u>—</u> | <u>941,077</u> |
| Total assets | <u>\$ 2,618,697</u> | <u>\$ 31,043</u> | <u>\$ 16,443</u> | <u>\$ (8,636)</u> | <u>\$ 2,657,547</u> |

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

September 30, 2013

(In Thousands)

| | Hospital | Lukan | Caritas | Eliminations | Total |
|--|--------------|-----------|-----------|--------------|--------------|
| Liabilities and net assets (deficiency) | | | | | |
| Current liabilities: | | | | | |
| Accounts payable | \$ 148,975 | \$ 147 | \$ 61 | \$ (76) | \$ 149,107 |
| Accrued expenses | 170,013 | – | – | – | 170,013 |
| Professional liabilities –current portion | 21,142 | – | – | – | 21,142 |
| Current portion of debt | 11,070 | – | – | – | 11,070 |
| Current portion of capital lease obligation | 1,555 | – | – | – | 1,555 |
| Other current liabilities | 15,079 | – | – | – | 15,079 |
| Total current liabilities | 367,834 | 147 | 61 | (76) | 367,966 |
| Long-term debt, net of current portion | 677,492 | – | – | – | 677,492 |
| Long-term capital lease obligation, net of current portion | 50,682 | – | – | – | 50,682 |
| Accrued pension and postretirement benefit obligations | 197,950 | – | – | – | 197,950 |
| Professional liabilities | 90,135 | 26,048 | 12,537 | – | 128,720 |
| Other long-term liabilities | 169,182 | 55 | 78 | – | 169,315 |
| Deferred revenue | 47,297 | – | – | – | 47,297 |
| Total liabilities | 1,600,572 | 26,250 | 12,676 | (76) | 1,639,422 |
| Net assets: | | | | | |
| Unrestricted | 930,988 | 4,793 | 3,767 | (8,560) | 930,988 |
| Temporarily restricted | 59,982 | – | – | – | 59,982 |
| Permanently restricted | 27,155 | – | – | – | 27,155 |
| Total net assets | 1,018,125 | 4,793 | 3,767 | (8,560) | 1,018,125 |
| Total liabilities and net assets | \$ 2,618,697 | \$ 31,043 | \$ 16,443 | \$ (8,636) | \$ 2,657,547 |

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended September 30, 2013

(In Thousands)

| | Hospital | Lukan | Caritas | Eliminations | Total |
|---|-----------------|--------------|----------------|---------------------|--------------|
| Operating revenue: | | | | | |
| Net patient service revenue | \$ 2,347,565 | \$ – | \$ – | \$ – | \$ 2,347,565 |
| Less: Provision for bad debts | (64,649) | – | – | – | (64,649) |
| Net patient service revenue, less provision for bad debts | 2,282,916 | – | – | – | 2,282,916 |
| Other revenue | 58,633 | 2,111 | – | (2,111) | 58,633 |
| Total operating revenue | 2,341,549 | 2,111 | – | (2,111) | 2,341,549 |
| Operating expenses: | | | | | |
| Salaries and benefits | 1,025,652 | – | – | – | 1,025,652 |
| Supplies and other expenses | 1,062,979 | – | – | (376) | 1,062,603 |
| Depreciation | 107,957 | – | – | – | 107,957 |
| Insurance | 16,165 | 1,270 | 4,776 | (5,670) | 16,541 |
| Interest | 23,920 | – | – | – | 23,920 |
| Total operating expenses | 2,236,673 | 1,270 | 4,776 | (6,046) | 2,236,673 |
| Income (loss) from operations | 104,876 | 841 | (4,776) | 3,935 | 104,876 |
| Nonoperating gains (losses), net: | 73,846 | (132) | 1 | 131 | 73,846 |
| Excess (deficiency) of revenue over expenses | 178,722 | 709 | (4,775) | 4,066 | 178,722 |

Yale-New Haven Hospital, Inc. and Subsidiaries

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

Year Ended September 30, 2013

(In Thousands)

| | Hospital | Lukan | Caritas | Eliminations | Total |
|--|--------------|----------|------------|--------------|-------------|
| Unrestricted net assets: | | | | | |
| Excess (deficiency) of revenue over expenses (continued) | \$ 178,722 | \$ 709 | \$ (4,775) | \$ 4,066 | \$ 178,722 |
| Other changes in net assets | 343 | — | — | — | 343 |
| Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund | (6,000) | — | — | — | (6,000) |
| Transfer from Yale-New Haven Health Services Corporation | 2,900 | — | — | — | 2,900 |
| Net Transfer from Yale-New Haven Network Corporation | (9,793) | — | — | — | (9,793) |
| Net assets released from restrictions for purchases of fixed assets | 152 | — | — | — | 152 |
| Pension and other postretirement liability adjustments | 88,656 | — | — | — | 88,656 |
| Increase (decrease) in unrestricted net assets | 254,980 | 709 | (4,775) | 4,066 | 254,980 |
| Temporarily restricted net assets: | | | | | |
| Income from investments | 241 | — | — | — | 241 |
| Net realized gains on investments | 768 | — | — | — | 768 |
| Change in net unrealized gains and losses on investments | 5,421 | — | — | — | 5,421 |
| Bequests, contributions and grants | 20,777 | — | — | — | 20,777 |
| Net assets released from restrictions for purchases of fixed assets | (152) | — | — | — | (152) |
| Net assets released from restrictions for free care | (779) | — | — | — | (779) |
| Net assets released from restrictions for operations | (2,822) | — | — | — | (2,822) |
| Net assets released from restrictions for clinical programs | (9,498) | — | — | — | (9,498) |
| Increase in temporarily restricted net assets | 13,956 | — | — | — | 13,956 |
| Permanently restricted net assets: | | | | | |
| Change in beneficial interest in perpetual trusts | 411 | — | — | — | 411 |
| Increase in permanently restricted net assets | 411 | — | — | — | 411 |
| Increase (decrease) in net assets | 269,347 | 709 | (4,775) | 4,066 | 269,347 |
| Net assets (deficiency) at beginning of year | 748,778 | 4,084 | 8,542 | (12,626) | 748,778 |
| Net assets (deficiency) at end of year | \$ 1,018,125 | \$ 4,793 | \$ 3,767 | \$ (8,560) | \$1,018,125 |

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