

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10-01-2018**, and ending **09-30-2019**

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
789 HOWARD AVENUE

City or town, state or province, country, and ZIP or foreign postal code
NEW HAVEN, CT 06519

D Employer identification number
22-2529464

E Telephone number
(203) 688-6088

G Gross receipts \$ 664,812,698

F Name and address of principal officer
MARNA BORGSTROM
789 HOWARD AVE
NEW HAVEN, CT 06519

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.YNHHS.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1983

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	16
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	3,275
6 Total number of volunteers (estimate if necessary)	19
7a Total unrelated business revenue from Part VIII, column (C), line 12	4,512,608
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	619,153,769	651,780,286
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,631	494,256
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,087,901	5,661,192
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	625,351,301	657,935,734
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	300,400	312,527
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	333,215,061	372,754,191
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	301,393,689	284,623,492
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	634,909,150	657,690,210
19 Revenue less expenses Subtract line 18 from line 12	-9,557,849	245,524
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,594,370,881	1,716,739,812
21 Total liabilities (Part X, line 26)	1,145,150,944	1,267,689,712
22 Net assets or fund balances Subtract line 21 from line 20	449,219,937	449,050,100

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-08-13

VINCENT TAMMARO EXECUTIVE VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01247783
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
Firm's address ▶ 1601 MARKET STREET PHILADELPHIA, PA 19103			Phone no (267) 256-1756	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO FURTHER INNOVATION AND EXCELLENCE IN PATIENT CARE, TEACHING, RESEARCH AND SERVICE TO ITS COMMUNITIES AND SUPPORT ITS MEMBER HEALTHCARE ORGANIZATIONS

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 No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 535,949,952 including grants of \$ 312,527) (Revenue \$ 652,928,870)
See Additional Data

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 ▶ 535,949,952

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
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>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	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>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
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>		No
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)		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	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>	Yes	
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>		No
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>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,275							
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).				a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			9a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a								
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11 Section 501(c)(12) organizations. Enter				a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b								
c Enter the amount of reserves on hand	13c								
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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 (Yes); b Other officers or key employees of the organization (Yes); 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? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DENIS DONEGAN 789 HOWARD AVE NEW HAVEN, CT 06519 (203) 688-6088

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

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

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

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

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

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 dotted 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			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	13,379,434	23,403,342	6,993,515

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 ▶ 844

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No	No

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
VIZIENT INC 290 E JOHN CARPENTER FREEWAY IRVING, TX 76011	STAFFING	4,455,867
ROBERT HALF INTERNATIONAL INC 100 PEARL STREET SUITE 15A HARTFORD, CT 06103	STAFFING	3,036,537
ERNST & YOUNG LLP PO BOX 640382 PITTSBURG, PA 152640382	CONSULTING	2,455,099
CENTURY FINANCIAL SERVICES 23 MAIDEN LANE NORTH HAVEN, CT 06473	COLLECTION SERVICES	2,221,277
P2P STAFFING CORPORATION 5810 CORAL RIDGE DRIVE SUITE 250 CORAL SPRINGS, FL 33076	STAFFING	2,117,965

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 ▶ 148

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f					

Program Service Revenue			Business Code			
	2a MANAGEMENT SERVICES		900099	517,256,017	517,256,017	
b SYSTEM SUPPORT SERVICES		900099	59,993,944	59,993,944		
c INSURANCE PREMIUMS		900099	55,591,593	55,591,593		
d EMERGENCY PREPAREDNESS PROGRAM		900099	18,896,288	18,896,288		
e MANAGEMENT SERVICES-EPIC		621990	42,444	42,444		
f All other program service revenue						
g Total. Add lines 2a-2f			651,780,286			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			488,216			488,216
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			6,040			6,040
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MANAGEMENT SERVICES REVENUE	900099	3,411,292		3,411,292			
b OTHER ANCILLARY INCOME	900099	1,148,584	1,148,584				
c SYSTEM SUPPORT FEES	900099	1,101,316		1,101,316			
d All other revenue							
e Total. Add lines 11a-11d		5,661,192					
12 Total revenue. See Instructions		657,935,734	652,928,870	4,512,608		494,256	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	312,527	312,527		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,482,228	1,048,223	9,434,005	
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	275,500,685	230,769,526	44,731,159	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,841,434	13,651,666	3,189,768	
9 Other employee benefits	51,218,680	41,517,862	9,700,818	
10 Payroll taxes	18,711,164	15,167,270	3,543,894	
11 Fees for services (non-employees)				
a Management				
b Legal	4,607,890		4,607,890	
c Accounting	3,518,327		3,518,327	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	83,653,873	67,032,673	16,621,200	
12 Advertising and promotion				
13 Office expenses	2,827,459	2,291,938	535,521	
14 Information technology				
15 Royalties				
16 Occupancy	91,151,385	73,887,313	17,264,072	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,717,387	2,202,714	514,673	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,815,501	20,115,445	4,700,056	
23 Insurance	53,491,779	53,491,779		
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 CLINICAL PROGRAM & MISC	8,783,492	7,119,899	1,663,593	
b TELEPHONE & DATA COMMUN	8,294,539	6,723,553	1,570,986	
c DUES, FEES & MEMBERSHIP	632,488	512,695	119,793	
d PARKING TAX	80,827	65,518	15,309	
e All other expenses	48,545	39,351	9,194	
25 Total functional expenses. Add lines 1 through 24e	657,690,210	535,949,952	121,740,258	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	58,270,882	2	89,750,023
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	970,625,656	4	1,031,516,728
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,115,464	9	17,490,704
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 460,209,364		
	b Less accumulated depreciation	10b 312,943,394	115,280,336	10c 147,265,970
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	7,446,473	12	6,880,113
	13 Investments—program-related See Part IV, line 11	373,581,965	13	371,786,169
	14 Intangible assets	52,050,105	14	52,050,105
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,594,370,881	16	1,716,739,812	
Liabilities	17 Accounts payable and accrued expenses	94,998,360	17	152,457,886
	18 Grants payable		18	
	19 Deferred revenue	70,060,775	19	77,870,471
	20 Tax-exempt bond liabilities	885,607,341	20	892,635,003
	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		23	
	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	94,484,468	25	144,726,352
	26 Total liabilities. Add lines 17 through 25	1,145,150,944	26	1,267,689,712
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	413,018,848	27	412,849,011
	28 Temporarily restricted net assets	20,497,152	28	20,497,152
	29 Permanently restricted net assets	15,703,937	29	15,703,937
	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	449,219,937	33	449,050,100	
34 Total liabilities and net assets/fund balances	1,594,370,881	34	1,716,739,812	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	657,935,734
2	Total expenses (must equal Part IX, column (A), line 25)	2	657,690,210
3	Revenue less expenses Subtract line 2 from line 1	3	245,524
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	449,219,937
5	Net unrealized gains (losses) on investments	5	-415,361
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	449,050,100

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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
- 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?
- b** 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-2529464

Name: YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MARNA BORGSTROM CEO/TRUSTEE	16 00 24 00	X		X				1,249,722	1,874,584	902,548
VINCENT CALARCO CHAIRMAN/TRUSTEE	1 00 1 00	X		X				0	0	0
JOSEPH CRESPO SECRETARY/TRUSTEE	1 00 1 00	X		X				0	0	0
MARY FARRELL VICE CHAIR/TRUSTEE	1 00 1 00	X		X				0	0	0
JACK CALLAHAN TRUSTEE	1 00 0 00	X						0	0	0
JOHN FALCONI TRUSTEE	1 00 2 00	X						0	0	0
CARLTON HIGHSMITH TRUSTEE	1 00 0 00	X						0	0	0
AARON HOLLANDER TRUSTEE	1 00 1 00	X						0	0	0
THOMAS KETCHUM TRUSTEE	1 00 1 00	X						0	0	0
JOHN LAHEY TRUSTEE	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MARVIN LENDER TRUSTEE	1 00	X						0	0	0
NEWMAN MARSILIUS III TRUSTEE	1 00	X						0	0	0
ARTHUR MARTINEZ TRUSTEE	1 00	X						0	0	0
BARBARA MILLER TRUSTEE	3 00	X						0	0	0
BENJAMIN POLAK TRUSTEE	1 00	X						0	0	0
B MICHAEL RAUH TRUSTEE	1 00	X						0	0	0
MEREDITH REUBEN TRUSTEE	6 00	X						0	0	0
PETER SALOVEY TRUSTEE	1 00	X						0	0	0
ELLIOT SUSSMAN TRUSTEE	1 00	X						0	0	0
JAMES TORGERSON TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
STEPHEN ALLEGRETTO VP	1 00 39 00			X				18,852	609,519	196,376
WILLIAM ASELTINE SR VP	8 00 32 00			X				220,158	938,570	349,829
THOMAS BALCEZAK SR VP	3 00 37 00			X				114,233	1,141,061	361,756
ELIZABETH BECKMAN SR VP	39 00 1 00			X				154,441	0	12,548
EUGENE COLUCCI VP	4 00 36 00			X				65,131	586,174	99,334
RICHARD D'AQUILA PRESIDENT (CURRENT YR COMP)	8 00 32 00			X				542,265	2,169,059	310,969
RICHARD D'AQUILA PRESIDENT (VESTED DEFERRED)	8 00 32 00			X				326,495	1,305,981	0
MICHAEL DIMENSTEIN VP (CURRENT YR COMP)	3 00 37 00			X				52,165	560,816	35,453
MICHAEL DIMENSTEIN VP (VESTED DEFERRED)	3 00 37 00			X				17,510	188,247	0
DENISE FIORE SR VP (CURRENT YR COMP)	1 00 39 00			X				0	779,761	122,352

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
DENISE FIORE SR VP (VESTED DEFERRED)	1 00 39 00			X				0	412,576	0
PATRICK GREEN EXECUTIVE VP	8 00 32 00			X				128,912	515,647	249,756
MICHAEL IVY EXECUTIVE VP	3 00 37 00			X				81,116	810,258	117,995
WILLIAM JENNINGS EXECUTIVE VP	8 00 32 00			X				210,388	841,552	302,620
PATRICK MCCABE SR VP	38 00 2 00			X				892,420	0	279,919
JAMES MORRIS VP (CURRENT YR COMP)	1 00 39 00			X				16,732	435,487	84,018
JAMES MORRIS VP (VESTED DEFERRED)	1 00 39 00			X				34,416	895,742	0
KEVIN MYATT SR VP (CURRENT YR COMP)	16 00 24 00			X				439,414	659,121	149,111
KEVIN MYATT SR VP (VESTED DEFERRED)	16 00 24 00			X				133,475	200,212	0
THOMAS NEWMAN SR VP	16 00 24 00			X				210,480	315,719	202,191

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
CHRISTOPHER O'CONNOR EXECUTIVE VP/COO	37 00 3 00			X				1,702,918	0	469,083
VINCENT PETRINI SR VP	1 00 39 00			X				0	792,525	242,732
NORMAN ROTH EX VP (CURRENT YR COMP)	8 00 32 00			X				271,851	1,087,402	42,645
NORMAN ROTH EX VP (VESTED DEFERRED)	8 00 32 00			X				98,008	392,034	0
CAROLYN SALSGIVER-KOBSA VP	8 00 32 00			X				0	516,284	180,275
PAMELA SCAGLIARINI SR VP	1 00 39 00			X				0	793,386	247,620
JOHN SKELLY VP	4 00 36 00			X				66,101	594,909	215,617
LISA STUMP SR VP	8 00 32 00			X				191,590	766,358	301,510
VINCENT TAMMARO EXECUTIVE VP/CFO/TREASURER	16 00 24 00			X				615,223	922,833	409,886
MELISSA TURNER VP	1 00 39 00			X				0	553,851	157,477

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
PRATHIBHA VARKEY SR VP	8 00 32 00			X				200,805	803,222	286,666
DAVID WURCEL VP (CURRENT YR COMP)	1 00 39 00			X				1,949	787,774	42,328
DAVID WURCEL VP (VESTED DEFERRED)	1 00 39 00			X				378	152,678	0
MATTHEW COMERFORD VP	40 00 0 00					X		666,926	0	96,167
JOSEPH BISSON VP	40 00 0 00					X		542,546	0	96,595
VICTOR MORRIS VP	40 00 0 00					X		649,207	0	98,358
OLIVER MAYORGA MD	40 00 0 00					X		552,229	0	93,230
IAN SCHWARTZ SR VP	40 00 0 00					X		586,263	0	93,644
GAYLE CAPOZZALO FORMER OFFICER (CURRENT YR COMP)	0 00 0 00						X	1,346,320	0	38,120
GAYLE CAPOZZALO FORMER OFFICER (VESTED DEFERRED)	0 00 0 00						X	131,149	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
WILLIAM GEDGE FORMER OFFICER	0 00						X	413,396	0	104,787	
NANCY LEVITT-ROSENTHAL FORMER OFFICER	0 00 0 00						X	434,250	0	0	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations 5
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	5				82,892,639	0

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. 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 **b 33 1/3% support test—2017.** 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 **17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **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

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	IN ADDITION TO THE ORGANIZATIONS EXPRESSLY NAMED IN ITS CERTIFICATE OF INCORPORATION, THE ORGANIZATION'S CERTIFICATE OF INCORPORATION PROVIDES THAT IT SHALL SUPPORT SUCH OTHER ORGANIZATIONS AS MAY FROM TIME TO TIME BECOME AFFILIATED WITH THE ORGANIZATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION B, LINE 1	<p>AS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTH CARE DELIVERY SYSTEM, THE ORGANIZATION IS RESPONSIVE TO THE NEEDS AND DEMANDS OF ITS MEMBER HOSPITALS AND OTHER HEALTH CARE PROVIDERS (REFERRED TO AS DELIVERY NETWORKS) THE ORGANIZATION CREATES VALUE FOR THE DELIVERY NETWORKS AND SUPPORTS THEIR OPERATIONS BY CENTRALIZING CERTAIN ADMINISTRATIVE SERVICES WITHIN THE ORGANIZATION AND SPREADING THE COSTS OF THESE SERVICES ACROSS ALL OF THE DELIVERY NETWORKS IN THIS WAY, THE DELIVERY NETWORKS OBTAIN THE SERVICES, EXPERTISE, INFRASTRUCTURE AND ECONOMIES OF SCALE OF A MUCH LARGER HEALTH SYSTEM SYSTEM-WIDE SERVICES INCLUDE, IN PART, POPULATION HEALTH TECHNOLOGY, BILLING, INFORMATION TECHNOLOGY INFRASTRUCTURE, COMPLIANCE AND LEGAL AND RISK MANAGEMENT SUPPORTING THESE "BACK OFFICE" SERVICES AND OTHER VALUE-CREATING ATTRIBUTES ALLOW THE DELIVERY NETWORKS TO FREE UP MEASURABLE RESOURCES, GENERATE NEW REVENUE FOR INVESTMENT IN THEIR RESPECTIVE LOCAL AND REGIONAL MISSIONS AND FOCUS ON PATIENT OUTCOMES AND THE HEALTH OF THE COMMUNITIES THEY SERVE THE CHAIRS OF YALE NEW HAVEN HOSPITAL, BRIDGEPORT HOSPITAL, GREENWICH HOSPITAL AND LAWRENCE + MEMORIAL HOSPITAL SERVE AS VOTING MEMBERS OF THE ORGANIZATION'S BOARD OF TRUSTEES FURTHER, A NUMBER OF THE ORGANIZATION'S SENIOR EXECUTIVES HAVE DELIVERY NETWORK SPECIFIC ROLES AND RESPONSIBILITIES AND REPRESENT THE INTERESTS OF THOSE DELIVERY NETWORKS THE DELIVERY NETWORKS HAVE APPROVAL RIGHTS WITH RESPECT TO, IN PART, ARTICULATING THE LOCAL DIMENSIONS OF THE SYSTEM MISSION, VISION AND VALUES AND STRATEGY, OVERSEEING AND ASSURING PERFORMANCE IN CLINICAL QUALITY AND PATIENT SAFETY, DEVELOPING THE OPERATING AND CAPITAL BUDGETS AND OVERSEEING THEM IN THE CONTEXT OF THE OVERALL SYSTEM BUDGET, OVERSEEING PUBLIC RELATIONS, COMMUNITY ENGAGEMENT, AND LOCAL GOVERNMENT RELATIONS AND APPROVING THE LOCAL COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN</p>

Additional Data

Software ID:

Software Version:

EIN: 22-2529464

Name: YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Form 990, Sch A, Part I, Line 12g - 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) YALE NEW HAVEN HOSPITAL INC	060646652	3	Yes		0	0
(A) BRIDGEPORT HOSPITAL	060646554	3	Yes		0	0
(B) GREENWICH HOSPITAL	060646659	3	Yes		0	0
(C) NORTHEAST MEDICAL GROUP INC	061330992	10	Yes		82,892,639	0
(D) LAWRENCE MEMORIAL HOSPITAL INC	060646704	3	Yes		0	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,980,000		7,980,000
b Buildings				
c Leasehold improvements		15,581,383	1,193,258	14,388,125
d Equipment		402,551,213	311,750,136	90,801,077
e Other		34,096,768		34,096,768
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				147,265,970

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	371,786,169	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PROFESSIONAL LIABILITY INSURANCE	11,775,175
ACCRUED SUPPLEMENTAL RETIREMENT	27,447,439
RETRO INSURANCE CREDIT	17,269,316
INTEREST RATE SWAP	65,559,542
CURRENT PORTION OF LONG TERM DEBT	22,674,880
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	144,726,352

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) 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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
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	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-2529464

Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVEST IN L+M CORP	277,307,150	C
(2) INVEST IN NEPC/VHA	262,192	C
(3) INVEST IN TOTAL HEALTH	765,186	C
(4) INVEST IN PATIENT WISDOM	296,024	C
(5) INVEST IN MCIC VERMONT	1,000,000	C
(6) INVEST IN N SHORE LIJ	804,902	C
(7) MCIC EQUITY	78,122,080	C
(8) MCIC INVESTMENT	10,811,582	C
(9) INVEST IN PHYSICIAN ONE URGENT CARE	1,949,172	C
(10) INVEST IN SILVER HILL HOSPITAL	467,881	C

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	YALE NEW HAVEN HEALTH SERVICES CORPORATION IS INCLUDED IN THE CONSOLIDATED YALE NEW HAVEN HEALTH SYSTEM AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS FOLLOWING IS THE FOOTNOTE FROM THE CONSOLIDATED FINANCIAL STATEMENTS MOST ENTITIES WITHIN THE SYSTEM ARE NOT FOR PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AND ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE PROVISIONS FOR INCOME TAXES AND DEFERRED TAXES, WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS, HAVE BEEN MADE FOR THE TAXABLE ENTITIES LISTED ABOVE UNDER THE DESCRIPTION OF THE SYSTEM U S GAAP REQUIRES THE SYSTEM TO EVALUATE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE SYSTEM'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY BASED UPON THE TECHNICAL MERITS OF THE POSITION THE SYSTEM RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED THIS EVALUATION HAD NO IMPACT ON THE OPERATIONS OF THE SYSTEM AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2019 AND 2018

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number 22-2529464

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART II ARE GRANTS THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION YALE NEW HAVEN HEALTHCARE SERVICES CORPORATION ("HSC") CARRIES OUT DUE DILIGENCE IN PROVIDING MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)(3) ORGANIZATIONS THAT COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN THE COMMUNITIES SERVED HSC VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO HSC ASSISTANCE DONATED BY HSC TO THESE QUALIFYING ORGANIZATIONS IS NOT OUTCOMES-BASED AND IS GIVEN IN SUPPORT OF AN INDIVIDUAL ORGANIZATION'S FUNDRAISING EVENTS OR IN SUPPORT OF DIRECT SERVICES HSC MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE PROVIDED, HOWEVER DOES NOT MONITOR SPECIFIC FUNDS

Additional Data

Software ID:
Software Version:
EIN: 22-2529464
Name: YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ACHIEVEMENT FIRST 495 BLAKE STREET NEW HAVEN, CT 06515	65-1203744	501(C)(3)	10,800				SUPPORT MISSION
ALZHEIMERS ASSOCIATION CT CHAPTER 200 EXECUTIVE BLVD STE 4B SOUTHINGTON, CT 06489	13-3039601	501(C)(3)	6,000				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR CHILDREN ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	501(C)(3)	203,477				SUPPORT MISSION
CHAPEL WEST SPECIAL SERVICES 1205 CHAPEL STREET NEW HAVEN, CT 06511	06-1205893	GOVERNMENT	9,000				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHRISTIAN COMMUNITY COMMISSION 681 DIXWELL AVENUE NEW HAVEN, CT 06511	31-1609929	501(C)(3)	7,500				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND 70 FARMINGTON AVENUE HARTFORD, CT 06105	06-0665972	501(C)(3)	7,000				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS 195 CHURCH STREET 12TH FLOOR NEW HAVEN, CT 06510	06-1444222	501(C)(3)	6,500				SPONSORSHIP
NAACP OF GREATER NEW HAVEN 545 WHALLEY AVE NEW HAVEN, CT 06511	13-1084135	501(C)(3)	20,250				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEIGHBORHOOD HOUSING SERVICES OF NEW HAVEN INC 333 SHERMAN AVENUE NEW HAVEN, CT 06511	06-1021268	501(C)(3)	6,000				SUPPORT MISSION
NEW REACH INC 153 EAST STREET NO 200 NEW HAVEN, CT 06511	22-3037451	501(C)(3)	7,500				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE CT PLAYERS FOUNDATION INC DBA LONG WHARF THEATER 222 SARGENT DRIVE NEW HAVEN, CT 06511	06-6073063	501(C)(3)	12,500				SUPPORT MISSION
VNA OF SOUTH CENTRAL CT ONE LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646941	501(C)(3)	10,000				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 HEIGHTS CHURCH 782 ORCHARD STREET NEW HAVEN, CT 06511	06-1290930	501(C)(3)	6,000				SUPPORT 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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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.</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on 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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	<p>LINE 4A, SEVERANCE THE INDIVIDUAL LISTED BELOW RECEIVED SEVERANCE PAYMENTS VALUED AT THE AMOUNT SUBSEQUENTLY SHOWN DURING THE REPORTING YEAR. THE SEVERANCE PAYMENTS ARE INCLUDED IN THE FIGURE REPORTED IN PART II, COLUMN B(III) SEVERANCE NONQUALIFIED EQUITY-BASED WILLIAM GEDGE \$79,423 - - LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS 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 REPRESENT 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 - \$559,897 - CHRISTOPHER O'CONNOR - 268,936 - VINCENT TAMMARO - 240,339 - THOMAS BALCEZAK - 187,183 - WILLIAM J ASELTINE - 177,017 - WILLIAM A JENNINGS - 173,892 - PRATHIBHA VARKEY - 168,464 - LISA STUMP - 147,481 - PATRICK MCCABE - 140,668 - VINCENT PETRINI - 119,235 - PAMELA SCAGLIARINI - 119,056 - PATRICK GREEN - 114,958 - JOHN SKELLY - 103,806 - STEPHEN ALLEGRETTO - 98,965 - THOMAS NEWMAN - 88,991 - MELISSA TURNER - 82,430 - CAROLYN SALSGIVER - 82,013 - THE 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 2018 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2018 CALENDAR YEAR FORM W-2 SEVERANCE NONQUALIFIED EQUITY-BASED RICHARD D'AQUILA - \$1,632,476 - JAMES B MORRIS - 930,158 - NORMAN ROTH - 490,042 - DENISE FIORE - 412,576 - KEVIN MYATT - 333,687 - MICHAEL DIMENSTEIN - 205,757 - DAVID WURCEL - 153,056 - GAYLE CAPOZZALO - 131,149 - THE FORMER OFFICERS BELOW RECEIVED PAYMENTS THROUGHOUT THE YEAR FROM THE NONQUALIFIED PLAN. THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE RABBI TRUST: FRANK CORVINO \$139,574 PETER HERBERT 78,071. THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) / EXECUTIVE DEFERRED COMPENSATION ACCOUNT PLAN (EDCAP) ARE DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS. THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).</p>

Return Reference	Explanation
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



Additional Data

Software ID:

Software Version:

EIN: 22-2529464

Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARNA BORGSTROM CEO/TRUSTEE	(i)	823,828	403,650	22,244	355,899	5,120	1,610,741	0
	(ii)	1,235,742	605,475	33,367	533,848	7,681	2,416,113	0
STEPHEN ALLEGRETTO VP	(i)	13,150	3,226	2,476	5,507	384	24,743	0
	(ii)	425,167	104,301	80,051	178,068	12,417	800,004	0
WILLIAM ASELTINE SR VP	(i)	142,221	44,445	33,492	62,839	3,628	286,625	0
	(ii)	606,311	189,478	142,781	267,893	15,469	1,221,932	0
THOMAS BALCEZAK SR VP	(i)	72,156	22,698	19,379	31,183	1,737	147,153	0
	(ii)	720,763	226,726	193,572	311,486	17,350	1,469,897	0
ELIZABETH BECKMAN SR VP	(i)	82,905	69,456	2,080	12,548	0	166,989	0
	(ii)	0	0	0	0	0	0	0
EUGENE COLUCCI VP	(i)	47,050	10,774	7,307	8,653	1,280	75,064	0
	(ii)	423,448	96,966	65,760	77,880	11,521	675,575	0
RICHARD D'AQUILA PRESIDENT (CURRENT YR COMP)	(i)	331,406	139,037	71,822	59,287	2,907	604,459	0
	(ii)	1,325,625	556,148	287,286	237,146	11,629	2,417,834	0
RICHARD D'AQUILA PRESIDENT (VESTED DEFERRED)	(i)	0	0	326,495	0	0	326,495	0
	(ii)	0	0	1,305,981	0	0	1,305,981	0
MICHAEL DIMENSTEIN VP (CURRENT YR COMP)	(i)	33,102	8,023	11,040	1,851	1,166	55,182	0
	(ii)	355,871	86,255	118,690	19,899	12,537	593,252	0
MICHAEL DIMENSTEIN VP (VESTED DEFERRED)	(i)	0	0	17,510	0	0	17,510	0
	(ii)	0	0	188,247	0	0	188,247	0
DENISE FIORE SR VP (CURRENT YR COMP)	(i)	0	0	0	0	0	0	0
	(ii)	477,781	132,570	169,410	114,850	7,502	902,113	0
DENISE FIORE SR VP (VESTED DEFERRED)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	412,576	0	0	412,576	0
PATRICK GREEN EXECUTIVE VP	(i)	112,642	0	16,270	46,116	3,835	178,863	0
	(ii)	450,566	0	65,081	184,463	15,342	715,452	0
MICHAEL IVY EXECUTIVE VP	(i)	55,372	12,593	13,151	8,940	1,797	91,853	0
	(ii)	553,111	125,787	131,360	89,305	17,953	917,516	0
WILLIAM JENNINGS EXECUTIVE VP	(i)	133,107	56,646	20,635	60,171	353	270,912	0
	(ii)	532,429	226,582	82,541	240,685	1,411	1,083,648	0
PATRICK MCCABE SR VP	(i)	595,892	168,480	128,048	267,118	12,801	1,172,339	0
	(ii)	0	0	0	0	0	0	0
JAMES MORRIS VP (CURRENT YR COMP)	(i)	11,461	2,800	2,471	2,433	676	19,841	0
	(ii)	298,289	72,870	64,328	63,317	17,592	516,396	0
JAMES MORRIS VP (VESTED DEFERRED)	(i)	0	0	34,416	0	0	34,416	19,485
	(ii)	0	0	895,742	0	0	895,742	507,141
KEVIN MYATT SR VP (CURRENT YR COMP)	(i)	262,544	90,731	86,139	53,934	5,710	499,058	0
	(ii)	393,816	136,097	129,208	80,901	8,566	748,588	0
KEVIN MYATT SR VP (VESTED DEFERRED)	(i)	0	0	133,475	0	0	133,475	0
	(ii)	0	0	200,212	0	0	200,212	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS NEWMAN SR VP	(i)	191,692	0	18,788	73,436	7,440	291,356	0
	(ii)	287,538	0	28,181	110,155	11,160	437,034	0
CHRISTOPHER O'CONNOR EXECUTIVE VP/COO	(i)	987,053	345,450	370,415	449,986	19,097	2,172,001	0
	(ii)	0	0	0	0	0	0	0
VINCENT PETRINI SR VP	(i)	0	0	0	0	0	0	0
	(ii)	499,300	155,498	137,727	223,985	18,747	1,035,257	0
NORMAN ROTH EX VP (CURRENT YR COMP)	(i)	156,276	68,248	47,327	5,970	2,559	280,380	0
	(ii)	625,102	272,990	189,310	23,880	10,236	1,121,518	0
NORMAN ROTH EX VP (VESTED DEFERRED)	(i)	0	0	98,008	0	0	98,008	0
	(ii)	0	0	392,034	0	0	392,034	0
CAROLYN SALSGIVER- KOBSA VP	(i)	0	0	0	0	0	0	0
	(ii)	350,972	88,562	76,750	160,863	19,412	696,559	0
PAMELA SCAGLIARINI SR VP	(i)	0	0	0	0	0	0	0
	(ii)	501,380	142,051	149,955	228,785	18,835	1,041,006	0
JOHN SKELLY VP	(i)	46,194	9,795	10,112	19,690	1,872	87,663	0
	(ii)	415,745	88,153	91,011	177,209	16,846	788,964	0
LISA STUMP SR VP	(i)	124,545	35,694	31,351	56,483	3,819	251,892	0
	(ii)	498,178	142,778	125,402	225,930	15,278	1,007,566	0
VINCENT TAMMARO EXECUTIVE VP/CFO/TREASURER	(i)	357,739	141,600	115,884	156,316	7,639	779,178	0
	(ii)	536,608	212,400	173,825	234,473	11,458	1,168,764	0
MELISSA TURNER VP	(i)	0	0	0	0	0	0	0
	(ii)	351,928	95,855	106,068	139,068	18,409	711,328	0
PRATHIBHA VARKEY SR VP	(i)	148,804	40,843	11,158	55,763	1,570	258,138	0
	(ii)	595,215	163,373	44,634	223,051	6,282	1,032,555	0
DAVID WURCEL VP (CURRENT YR COMP)	(i)	1,136	420	393	73	32	2,054	0
	(ii)	459,319	169,678	158,777	29,460	12,763	829,997	0
DAVID WURCEL VP (VESTED DEFERRED)	(i)	0	0	378	0	0	378	0
	(ii)	0	0	152,678	0	0	152,678	0
MATTHEW COMERFORD VP	(i)	456,476	113,155	97,295	78,350	17,817	763,093	0
	(ii)	0	0	0	0	0	0	0
JOSEPH BISSON VP	(i)	399,861	101,907	40,778	77,050	19,545	639,141	0
	(ii)	0	0	0	0	0	0	0
VICTOR MORRIS VP	(i)	453,536	108,328	87,343	79,670	18,688	747,565	0
	(ii)	0	0	0	0	0	0	0
OLIVER MAYORGA MD	(i)	400,612	99,351	52,266	74,683	18,547	645,459	0
	(ii)	0	0	0	0	0	0	0
IAN SCHWARTZ SR VP	(i)	430,615	110,000	45,648	74,350	19,294	679,907	0
	(ii)	0	0	0	0	0	0	0
GAYLE CAPOZZALO FORMER OFFICER (CURRENT YR COMP)	(i)	398,863	271,950	675,507	25,325	12,795	1,384,440	151,250
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GAYLE CAPOZZALO FORMER OFFICER (VESTED DEFERRED)	(i)	0	0	131,149	0	0	131,149	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
WILLIAM GEDGE FORMER OFFICER	(i)	0	0	413,396	104,787	0	518,183	262,830
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
NANCY LEVITT-ROSENTHAL FORMER OFFICER	(i)	0	0	434,250	0	0	434,250	144,750
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHEFA - SERIES A	06-0806186	20774YQY6	06-23-2014	102,300,000	REFUND - J-1		X		X	X	
B	CHEFA - SERIES B	06-0806186	20774YQP5	06-23-2014	168,275,000	REFUND - M		X		X	X	
C	CHEFA - SERIES C	06-0806186	20774YQM2	06-23-2014	83,625,000	REFUND - K-1,K-2		X		X	X	
D	CHEFA - SERIES D	06-0806186	20774YQN0	06-23-2014	108,275,000	REFUND - L-1,L-2		X		X	X	

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired							27,820,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue		122,999,458		176,852,421		90,442,157		109,094,865
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		1,465,826		1,474,421		680,898		771,839
8	Credit enhancement from proceeds						36,261		43,739
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds		121,533,632		175,378,000		89,725,000		108,279,287
12	Other unspent proceeds								
13	Year of substantial completion	2014		2014		2014		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X		X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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 ▶	0 030 %		0 %		0 300 %		0 030 %	
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	0 030 %		0 %		0 300 %		0 030 %	
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 nongovernmental 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?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X		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?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CHEFA - SERIES A DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2015 ISSUER NAME CHEFA - SERIES B DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2015 ISSUER NAME CHEFA - SERIES C DATE THE REBATE COMPUTATION WAS PERFORMED 06/23/2019 ISSUER NAME CHEFA - SERIES D DATE THE REBATE COMPUTATION WAS PERFORMED 06/23/2019 ISSUER NAME CHEFA - SERIES E DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2015

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

Return Reference	Explanation
PART III LINE 3B	THE ORGANIZATION IS A MEMBER OF THE YALE NEW HAVEN HEALTH OBLIGATED GROUP YNHHS HAS IN-HOUSE LEGAL COUNSEL STAFF WHO PROVIDE ROUTINE REVIEW OF MANAGEMENT, OR SERVICE CONTRACTS OR AND 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

Return Reference	Explanation
PART III, LINE 9 & PART V	AS PART OF THE YALE NEW HAVEN HEALTH OBLIGATED GROUP, THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH FEDERAL TAX LAW, AND TO TIMELY IDENTIFY NONCOMPLIANCE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number 22-2529464

Part I Bond Issues

Table with columns (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) Pool financing. Row 1: CHEFA - SERIES E, 06-0806186, 20774YRV1, 06-23-2014, 80,935,000, CONSTRUCTION/EQUIP.

Part II Proceeds

Table with columns A, B, C, D. Rows 1-13: Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion (2015). Rows 14-17: Questions about bond issuance and allocation.

Part III Private Business Use

Table with columns A, B, C, D. Rows 1-2: Questions about partnership/LLC and lease arrangements.

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 ▶	0 040 %							
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	0 040 %							
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 nongovernmental 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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
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?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018**Open to Public
Inspection**

Department of the Treasury

Name of the organization

YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Employer identification number

22-2529464

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>YALE NEW HAVEN HEALTH SERVICES CORPORATION, THE PARENT OF THE INTEGRATED HEALTHCARE DELIVERY SYSTEM KNOWN AS YALE NEW HAVEN HEALTH SYSTEM (YNHHS, YALE NEW HAVEN HEALTH OR THE SYSTEM), CONSISTS OF FIVE DELIVERY NETWORKS, BRIDGEPORT, GREENWICH, NEW LONDON/WESTERLY, NEW HAVEN AND NORTHEAST MEDICAL GROUP. THE SYSTEM MADE MEANINGFUL PROGRESS IN IMPROVING PATIENT SAFETY AND QUALITY, BUILDING PATIENT EXPERIENCE INFRASTRUCTURE, FOCUSING ON A CONSISTENT CARE SIGNATURE AND REDUCING HEALTHCARE COSTS WHILE PRESERVING THE ORGANIZATION'S FISCAL STRENGTH TO INVEST IN OUR PATIENTS AND OUR COMMUNITIES IN THE YEARS TO COME. YNHHS CONTINUED TO TREAT MANY OF CONNECTICUT'S MOST COMPLEX PATIENTS, SEEING AN INCREASE IN OVERALL CASE MIX INDEX, LONGER LENGTH OF STAY AND HIGH CAPACITY AT ITS HOSPITALS. TO ENSURE THE SYSTEM'S ABILITY TO PUT THE RIGHT PATIENT, IN THE RIGHT BED, AT THE RIGHT TIME, THE ORGANIZATION CREATED A FULLY ELECTRONIC DASHBOARD THAT TRACKS OUTCOMES, PERFORMANCE AND EFFICIENCY IN REAL TIME. MAINTAINING ITS FOCUS ON SAFETY AND QUALITY, YNHHS IMPLEMENTED HIGH RELIABILITY ORGANIZATION TRAINING FOR ALL PROVIDERS AND EXTENDED THE SAFETY COACH, SAFETY RECOGNITION AWARD AND SAFETY HUDDLE PROGRAMS TO LAWRENCE + MEMORIAL AND WESTERLY HOSPITALS AND NORTHEAST MEDICAL GROUP. INTEGRATED CARE MODEL INITIATIVES WERE LAUNCHED TO ADDRESS THE NEEDS OF FOUR DIFFERENT PATIENT GROUPS: CHILDREN DIAGNOSED WITH ASTHMA, PATIENTS WITH ABNORMAL PROSTATE SPECIFIC ANTIGEN LEVELS, PATIENTS WITH ABNORMAL MAMMOGRAMS AND PATIENTS SCHEDULED FOR SCREENING COLONOSCOPIES. THE PROJECT STANDARDIZED CARE AND IMPROVED MEDICAL COORDINATION FOR OVER 4,600 PATIENTS. YALE NEW HAVEN HOSPITAL BECAME THE ONLY HOSPITAL IN CONNECTICUT TO BE AWARDED ACCREDITATION BY THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY ACCREDITATION PROGRAM FOR EXCELLENCE FOR FIVE SMILOW CANCER HOSPITAL SITES THAT OFFER RADIATION ONCOLOGY. ACCREDITATION ENSURES PATIENTS RECEIVE THE HIGHEST SAFETY AND QUALITY CARE STANDARDS IN THE COUNTRY. NORTHEAST MEDICAL GROUP, FOCUSING ON CONTINUED PREVENTIVE MEASURES WITH PATIENTS, REPORTED SIGNIFICANT IMPROVEMENTS IN KEY QUALITY METRICS USED TO MONITOR PATIENT HEALTH THROUGH DIABETIC EYE EXAMS, BREAST CANCER SCREENINGS AND CLINICAL DEPRESSION SCREENINGS. KEEPING THE PATIENT AT THE CENTER OF CARE, THE HEALTH SYSTEM MADE IT EASIER FOR PEOPLE TO ACCESS THE LATEST MEDICAL TREATMENTS, ADVANCED RESEARCH AND INNOVATIONS THROUGH ITS COLLABORATION WITH THE YALE CENTER FOR GENOMIC HEALTH, THE SYSTEM BEGAN WORKING ON ONE OF THE LARGEST DNA SEQUENCING PROJECTS OF ITS KIND, THE "GENERATIONS PROJECT." THE PRECISION HEALTH INITIATIVE USES GENOME SEQUENCING TO DEVELOP PERSONALIZED TREATMENTS FOR ADULTS, CHILDREN AND INFANTS WITH CANCER AND GENETIC DISORDERS. A CLINICAL ALLIANCE WITH TRINITY HEALTH OF NEW ENGLAND HELPED ADVANCE PATIENT CARE INTO HIGH-IMPACT SERVICES SUCH AS THE NEUROSCIENCE AND SOLID ORGAN TRANSPLANT. THE CONNECTICUT BURN CENTER AT BRIDGEPORT HOSPITAL WAS THE FIRST IN THE STATE TO USE REGE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NERATIVE EPIDERMAL SUSPENSION AND THE RECELL AUTOLOGOUS CELL HARVESTING DEVICE FOR SKIN GR AFTING YALE NEW HAVEN HOSPITAL REPORTED COMPLETING OVER 400 HEART TRANSPLANTS SINCE 1984, AND YALE NEW HAVEN CHILDREN'S HOSPITAL BECAME THE FIRST IN CONNECTICUT CERTIFIED IN PEDIA TRIC HEART TRANSPLANTATION YALE NEW HAVEN HOSPITAL ALSO OPENED A STATE-OF-THE-ART LABOR A ND BIRTH AND MATERNAL SPECIAL CARE UNIT YNHHS' OPIOID STEWARDSHIP INITIATIVE CONTINUED TO REDUCE PRESCRIPTION OF OPIOIDS BY RE-ENGINEERING HOW PRESCRIBERS, NURSES AND PHARMACISTS ADDRESS PATIENTS' PAIN AMID RISING CONCERNS ABOUT GROWING RATES OF ABUSE AND ADDICTION OV ERALL REDUCTIONS WERE ATTRIBUTED TO ENGAGEMENT OF PRESCRIBERS, BEDSIDE NURSES, PHARMACISTS AND PATIENTS IN ADDITION TO PHYSICIAN EDUCATION SEVERAL CLINICAL PROGRAMS EXPANDED DURIN G THE YEAR WITH SYSTEM SUPPORT YALE NEW HAVEN HOSPITAL ANNOUNCED PLANS FOR A NEUROSCIENCE S CENTER, A 505,000-SQUARE-FOOT FACILITY ON THE HOSPITAL'S SAINT RAPHAEL CAMPUS, WHICH WIL L PROVIDE INNOVATIVE CARE FROM MOVEMENT DISORDERS TO NEURO-REGENERATION, SUPPORTED BY RESE ARCH, EDUCATION AND EXCEPTIONAL PATIENT CARE THE \$838 MILLION CONSTRUCTION PROJECT, THE L ARGEST OF ITS KIND IN THE STATE'S HISTORY, WILL CONTRIBUTE HUNDREDS OF NEW CONSTRUCTION AN D PERMANENT JOBS TO THE REGION RECOGNIZING THE PREVALENCE OF LIFELONG DIGESTIVE ISSUES AN D THE BENEFITS OF EARLY DETECTION AND TREATMENT, YALE NEW HAVEN HEALTH LAUNCHED A DIGESTIV E HEALTH SERVICE LINE PATIENTS WILL RECEIVE DIAGNOSTIC, MEDICAL AND SURGICAL CARE, NUTRIT ION, COUNSELING, PHYSICAL THERAPY, PHARMACY AND OTHER SERVICES THROUGH DIGESTIVE HEALTH CE NTERS IN NEW HAVEN, LOWER FAIRFIELD COUNTY AND CENTRAL CONNECTICUT TO PROVIDE THE NEW LON DON REGION WITH UP-TO-DATE, ACCESSIBLE CARE, LAWRENCE + MEMORIAL HOSPITAL LAUNCHED A MASTE R FACILITY PLANNING PROCESS FOR THE HOSPITAL AND DEVELOPED A MAJOR RENOVATION AND EXPANSIO N PLAN FOR THE EMERGENCY DEPARTMENT THE HOSPITAL ALSO UPGRADED TO DAVINCI XI ROBOT, ALLOW ING COMPLEX SURGERIES TO REMAIN AT THE HOSPITAL FOR UROLOGY, COLORECTAL AND GYNECOLOGICAL- ONCOLOGY CARE THE HEART AND VASCULAR CENTER EXPANDED SERVICES AT WESTERLY HOSPITAL, WITH THE OPENING OF A NEW CARDIAC CATH LAB AND INCREASED VASCULAR SURGERY SERVICES FOCUSING ON THE NEEDS OF AN AGING POPULATION, BRIDGEPORT HOSPITAL STARTED WORK ON A STATE-OF-THE-ART CENTER FOR GERONTOLOGIC HEALTH AND THE HOSPITAL EARNED GERIATRIC EMERGENCY DEPARTMENT ACCR EDITATION FROM THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS WESTERLY HOSPITAL DEVELOPED A NEW 18-BED GERIATRIC PSYCHIATRY UNIT THAT PROVIDES ACUTE CARE TO GERIATRIC PATIENTS DIAGN OSED WITH PSYCHIATRIC SYMPTOMS, OFTEN IN THE CONTEXT OF CO-OCCURRING MEDICAL DISORDERS REQ UIRING ASSESSMENT AND TREATMENT INCREASING ACCESS AND CONVENIENCE FOR PATIENTS IN THE AMB ULATORY SETTING REMAINED A PRIORITY YALE NEW HAVEN HOSPITAL OPENED ENDOSCOPY AND SURGICAL SERVICES IN NORTH HAVEN AND GUILFORD, CONNECTICUT, AND MADE MAJOR RENOVATIONS TO THE SHOR ELINE MEDICAL CENTER IN GUILFO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>RD, INCLUDING A NEW, SIX-ROOM AMBULATORY SURGERY CENTER THAT INCLUDED AN INNOVATIVE OPHTHALMOLOGY CENTER AND A MAJOR EXPANSION OF THE SMILOW CANCER CENTER BY EXTENDING AMBULATORY CARE LOCATIONS THROUGHOUT CONNECTICUT, SOUTHERN RHODE ISLAND AND WESTCHESTER COUNTY, NEW YORK, YNHHS CONTINUED TO PROVIDE SERVICES RANGING FROM ADULT AND PEDIATRIC SPECIALTY CARE, SURGICAL PROCEDURES, LABORATORY AND IMAGING SERVICES TO COMPREHENSIVE CANCER TREATMENT GREENWICH HOSPITAL, WITH YALE NEW HAVEN HEALTH, ANNOUNCED AN INVESTMENT OF \$160 MILLION IN LOWER FAIRFIELD AND WESTCHESTER COUNTIES TO EXPAND CLINICAL SERVICES AND AMBULATORY CENTERS FOR THE CREATION OF A REGIONAL CENTER WHERE PATIENTS CAN ACCESS EXPERT CARE IN HEART AND VASCULAR, ONCOLOGY, NEUROSCIENCES, ORTHOPEDICS AND PRIMARY CARE THROUGH NORTHEAST MEDICAL GROUP FOR ITS COMMITTED WORK TO THE PATIENT EXPERIENCE, GREENWICH HOSPITAL RECEIVED PRESS GANEY'S PINNACLE OF EXCELLENCE AWARD IN PATIENT EXPERIENCE AND THE 2019 GUARDIAN OF EXCELLENCE AWARD IN PATIENT EXPERIENCE IN THE EMERGENCY DEPARTMENT THE SYSTEM EXPANDED CLINICAL SERVICES THROUGH DESTINATION SERVICE LINES GREENWICH HOSPITAL COMPLETED A FULL INTEGRATION WITH SMILOW CANCER HOSPITAL, PROVIDING PATIENTS WITH ACCESS TO STATE-OF-THE-ART CANCER CARE WITH YALE MEDICINE PHYSICIANS SMILOW CANCER HOSPITAL CARE CENTERS ALSO OPENED NEW, COMMUNITY-BASED LOCATIONS AT WESTERLY HOSPITAL IN RHODE ISLAND AND IN WATERFORD, CONNECTICUT IMPROVING ACCESS TO HEALTHCARE SERVICES, MILFORD HOSPITAL BECAME A FULLY INTEGRATED CAMPUS OF BRIDGEPORT HOSPITAL AND A MEMBER OF THE HEALTH SYSTEM, INCREASING ACCESS TO THE SYSTEM'S HUNDREDS OF DEDICATED PRIMARY CARE PHYSICIANS AND SPECIALISTS IN NORTHEAST MEDICAL GROUP AND YALE MEDICINE THE ACQUISITION ALSO INCLUDED MILFORD HOSPITAL'S HOME CARE PLUS HOME HEALTH AGENCY, EXTENDING YNHHS' POST-ACUTE CARE NETWORK IN ADDITION, THE SYSTEM PROVIDED THE COMMUNITIES IT SERVES WITH HUNDREDS OF HEALTH SCREENINGS, SUPPORT GROUPS, COMMUNITY EDUCATION SESSIONS AND GRANTS TO IMPROVE COMMUNITY HEALTH AS PART OF ITS MISSION TO BUILD A HEALTHIER FUTURE TOGETHER WITH LOCAL COMMUNITIES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NORTHEAST MEDICAL GROUP PARTICIPATED IN MEDICARE, MEDICAID AND COMMERCIAL VALUE-BASED PROGRAMS AS WELL AS PAYER CONTRACTING ARRANGEMENTS THAT PROMOTE VALUE-BASED CARE THESE INCLUDED A COMPREHENSIVE SPINE PROGRAM, AN ONCOLOGY CARE MANAGEMENT PROGRAM THROUGH SMILOW CANCER HOSPITAL, A COMPREHENSIVE CARE FOR JOINT REPLACEMENT BUNDLED PAYMENT MODEL AT ALL YNHHS HOSPITALS AND A SHARED VALUE PROGRAM AT WESTERLY HOSPITAL WITH UNIVERSITY ORTHOPEDICS, AN INDEPENDENT ORTHOPEDICS PRACTICE PARTNERING WITH EMPLOYERS TO HELP THEM IMPROVE THEIR EMPLOYEES' HEALTH AND REDUCE THEIR TOTAL HEALTHCARE COSTS, YNHHS DEVELOPED PROGRAMS WITH ELECTRIC BOAT AND MOHEGAN SUN THROUGH ACCESS AND BENEFIT DESIGN MODIFICATIONS THAT ENCOURAGE USE OF YNHHS AND AFFILIATES WITH BETTER CARE COORDINATION AND REDUCED COSTS TO BETTER REFLECT THE DIVERSITY OF OUR PATIENTS AND OUR COMMUNITIES, YNHHS EXPANDED PROGRAMMING THAT ADDRESSED UNCONSCIOUS BIAS, SOCIETAL STIGMA AND LGBTQ AWARENESS THE SYSTEM JOINED THE CEO ACTION FOR DIVERSITY & INCLUSION, A COALITION OF MORE THAN 600 ORGANIZATIONS THAT PLEDGE TO ADVANCE DIVERSITY AND INCLUSION IN THE WORKPLACE ALL FIVE YALE NEW HAVEN HEALTH HOSPITALS WERE DESIGNATED LGBTQ HEALTHCARE EQUALITY LEADERS BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION IN THE 12TH EDITION OF THE HEALTHCARE EQUITY INDEX YALE NEW HAVEN HEALTH'S STEADFAST COMMITMENT TO PROVIDING UNPARALLELED VALUE HELPED THE SYSTEM ACHIEVE POSITIVE RESULTS FOR PATIENTS AND COMMUNITIES SERVED BY ITS DELIVERY NETWORKS THROUGH INCREASED PATIENT SAFETY, CLINICAL QUALITY, ENHANCED PATIENT EXPERIENCE AND STRATEGIC GROWTH OF CARE SERVICES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	PART I, LINE 4 & PART VI, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE IN THE EVENT THAT THE ORGANIZATION DOES NOT RECEIVE A RESPONSE FROM ANY SUCH VOTING MEMBER, THE ORGANIZATION REVIEWS OTHER INFORMATION KNOWN TO IT REGARDING THE VOTING MEMBER AND MAKES A REASONABLE ASSESSMENT OF INDEPENDENCE BASED ON THAT INFORMATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	PART VI, LINE 2 - BUSINESS RELATIONSHIPS BETWEEN OFFICERS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES JOHN L LAHEY AND JAMES TORGERSON ARE DIRECTORS AND OFFICERS OF THE SAME BUSINESS ENTITY THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES MAY SERVE AS OFFICERS AND/OR DIRECTORS OF TAX-EXEMPT AND TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM OR JOINT VENTURES IN WHICH THE ORGANIZATION'S CORPORATE SYSTEM HAS AN OWNERSHIP INTEREST THE INDIVIDUAL OFFICERS AND/OR TRUSTEES DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN SUCH AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION OR WITHIN THE ORGANIZATION'S CORPORATE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE YNHHS TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE DIRECTOR AND VP OF CORPORATE FINANCE SUBSEQUENTLY IT IS SENT TO KPMG 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 ORGANIZATION AND A FINAL VERSION OF THE RETURN IS SENT BACK TO KPMG LLP FOR FINAL REVIEW PRIOR TO FILING, THE ORGANIZATION MAKES AVAILABLE A COMPLETE COPY OF THE RETURN TO ITS BOARD OF TRUSTEES A SECURE WEB PORTAL IS AVAILABLE TO BOARD MEMBERS TO ACCESS THE RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY 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 PROMPTLY REPORT 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 TO DEVELOP A PLAN TO MITIGATE ANY ACTUAL CONFLICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED WITH WHICH SHE OR HE HAD AN ACTUAL OR POTENTIAL CONFLICT AND THE ACTUAL OR POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF ALL AVAILABLE DOCUMENTS ARE ACCESSIBLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 2,143,310 MANAGEMENT AND GENERAL EXPENSES 1,459,535 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,602,845 PERSONNEL SUPPORT/OUTSIDE CONTRACTUAL PROGRAM SERVICE EXPENSES 58,367,693 MANAGEMENT AND GENERAL EXPENSES 13,637,850 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 72,005,543 TEMPORARY HELP/TRAINING/DEVELOPMENT PROGRAM SERVICE EXPENSES 2,431,013 MANAGEMENT AND GENERAL EXPENSES 568,016 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,999,029 SYSTEM SUPPORT PROGRAM SERVICE EXPENSES 4,090,657 MANAGEMENT AND GENERAL EXPENSES 955,799 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,046,456

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Employer identification number

22-2529464

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SHORELINE ENDOSCOPY CENTER LLC 800 BOSTON POST ROAD GUILFORD, CT 06437 90-0110459	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	4,730,639	1,262,912		No			No	51 000 %
(2) TOTAL HEALTH CONNECTICUT LLC 789 HOWARD AVENUE NEW HAVEN, CT 06519 47-4070024	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED				No			No	60 000 %
(3) YALE NEW HAVEN HEALTH SYSTEM INVESTMENT TRUST 20 YORK STREET NEW HAVEN, CT 06510 27-1374301	INVESTMENT	DE	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED		394,592		No			No	0 020 %
(4) YNHHCUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 ADDISON, TX 75001 38-4021595	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED				No			No	51 000 %

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

See Additional Data Table

(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

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-2529464

Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	BRIDGEPORT HOSPITAL	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 7	BRIDGEPORT HOSPITAL	Yes	
120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	YALE NEW HAVEN HOSPITAL	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
789 HOWARD AVE NEW HAVEN, CT 06519 06-1044331	HOME HEALTHCARE SERVICES	CT	501C3	LINE 10	YALE NEW HAVEN CARE CONTINUUM CORP	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553031	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	LAWRENCE MEMORIAL CORPORATION	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553028	PROMOTE HEALTHCARE	CT	501C3	LINE 12A, I	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 06-0646704	HEALTHCARE SERVICES	CT	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
365 MONTAUK AVENUE NEW HAVEN, CT 06320 46-0543230	HEALTHCARE SERVICES	RI	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
99 HAWLEY LANE STRATFORD, CT 06614 06-1330992	HEALTHCARE SERVICES	CT	501C3	LINE 10	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
99 HAWLEY LANE STRATFORD, CT 06614 35-2380180	HEALTHCARE SERVICES	CT	501C3	LINE 12A, I	NORTHEAST MEDICAL GROUP INC	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 10	GREENWICH HOSPITAL	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSPITAL	Yes	
25 WELLS STREET WESTERLY, RI 02891 05-0508064	FUNDRAISING SERVICES	RI	501C3	LINE 12A, I	LMW HEALTHCARE INC	Yes	
403 NORTH FRONTAGE ROAD WATERFORD, CT 06385 06-0646616	HOME HEALTHCARE SERVICES	CT	501C3	LINE 10	LAWRENCE MEMORIAL CORPORATION	Yes	
25 WELLS STREET WESTERLY, RI 02891 22-2507181	FUNDRAISING ACTIVITIES	RI	501C3	LINE 12A, I	LMW HEALTHCARE INC	Yes	
789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YALE NEW HAVEN HOSPITAL	Yes	
20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12C, III-FI	GREENWICH HOSPITAL	Yes	

Form 990, Schedule R, Part IV - 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
(1) CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION SERVICES	CT	YALE NEW HAVEN HOSPITAL	C	8,040,074	4,333,686	100 000 %	Yes	
(1) CORPORATE PROFESSIONAL BUSINESS SERVICES INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C	9,296,337	529,521	100 000 %	Yes	
(2) GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C	6,938,409	3,005,677	100 000 %	Yes	
(3) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE SERVICES	NJ	GREENWICH HOSPITAL	C	146,854	117,390	100 000 %	Yes	
(4) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NY PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE SERVICES	NY	GREENWICH HEALTH SERVICES INC	C		53,528	100 000 %	Yes	
(5) L & M SYSTEMS INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553037	HEALTHCARE RELATED SERVICES	CT	LAWRENCE MEMORIAL CORPORATION	C			100 000 %	Yes	
(6) L&M HOME CARE SERVICES INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1389272	HOME THERAPY	CT	L & M SYSTEMS INC	C	838,640	4,197,427	100 000 %	Yes	
(7) MEDICAL CENTER PHARMACY AND HOME CARE CENTER INC 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	YORK ENTERPRISES INC	C	21,301,319	32,158,667	100 000 %	Yes	
(8) YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HOSPITAL	C	3,667,238	16,410,170	100 000 %	Yes	
(9) YNHHS PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C		73,093	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) BRIDGEPORT HOSPITAL	D	34,514,268	TRANSACTION REVIEW
(1) BRIDGEPORT HOSPITAL	L	95,110,645	COMPARABLE MARKET VALUE
(2) BRIDGEPORT HOSPITAL	P	15,488,626	TRANSACTION REVIEW
(3) BRIDGEPORT HOSPITAL	R	1,990,232	CASH
(4) BRIDGEPORT HOSPITAL	S	149,586,513	CASH
(5) CENTURY FINANCIAL SERVICES INC	L	660,802	COMPARABLE MARKET VALUE
(6) CORPORATE PROFESSIONAL BUSINESS SERVICES INC	Q	555,946	TRANSACTION REVIEW
(7) GREENWICH HOSPITAL	L	58,046,620	COMPARABLE MARKET VALUE
(8) GREENWICH HOSPITAL	M	542,314	COMPARABLE MARKET VALUE
(9) GREENWICH HOSPITAL	O	182,766	TRANSACTION REVIEW
(10) GREENWICH HOSPITAL	P	13,092,869	TRANSACTION REVIEW
(11) GREENWICH HOSPITAL	Q	1,110,743	TRANSACTION REVIEW
(12) GREENWICH HOSPITAL	R	2,812,903	CASH
(13) GREENWICH HOSPITAL	S	72,431,022	CASH
(14) HOME CARE PLUS INC	P	82,436	TRANSACTION REVIEW
(15) LAWRENCE MEMORIAL HOSPITAL INC	L	31,732,520	COMPARABLE MARKET VALUE
(16) LAWRENCE MEMORIAL HOSPITAL INC	M	493,871	COMPARABLE MARKET VALUE
(17) LAWRENCE MEMORIAL HOSPITAL INC	O	53,602	TRANSACTION REVIEW
(18) LAWRENCE MEMORIAL HOSPITAL INC	P	6,064,148	TRANSACTION REVIEW
(19) LAWRENCE MEMORIAL HOSPITAL INC	Q	42,948,331	TRANSACTION REVIEW
(20) LAWRENCE MEMORIAL HOSPITAL INC	R	3,668,344	CASH
(21) LAWRENCE MEMORIAL HOSPITAL INC	S	9,041,630	CASH
(22) LMW HEALTHCARE INC	L	5,126,407	COMPARABLE MARKET VALUE
(23) LMW HEALTHCARE INC	Q	6,715,863	TRANSACTION REVIEW
(24) MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	L	2,685,823	COMPARABLE MARKET VALUE

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	Q	2,681,561	TRANSACTION REVIEW
(1)	NORTHEAST MEDICAL GROUP INC	L	25,775,910	COMPARABLE MARKET VALUE
(2)	NORTHEAST MEDICAL GROUP INC	Q	37,794,887	TRANSACTION REVIEW
(3)	YALE NEW HAVEN AMBULATORY SERVICES CORP	L	73,432	COMPARABLE MARKET VALUE
(4)	YALE NEW HAVEN AMBULATORY SERVICES CORP	Q	645,723	TRANSACTION REVIEW
(5)	YALE NEW HAVEN CARE CONTINUUM CORP	L	200,855	COMPARABLE MARKET VALUE
(6)	YALE NEW HAVEN CARE CONTINUUM CORP	P	191,958	TRANSACTION REVIEW
(7)	YALE NEW HAVEN HOSPITAL	L	331,505,034	COMPARABLE MARKET VALUE
(8)	YALE NEW HAVEN HOSPITAL	M	2,076,373	COMPARABLE MARKET VALUE
(9)	YALE NEW HAVEN HOSPITAL	P	33,589,242	TRANSACTION REVIEW
(10)	YALE NEW HAVEN HOSPITAL	Q	326,709,423	TRANSACTION REVIEW
(11)	YALE NEW HAVEN HOSPITAL	R	20,682,201	CASH
(12)	YALE NEW HAVEN HOSPITAL	S	61,822,753	CASH