

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10-01-2019**, and ending **09-30-2020**

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) 688-0580

G Gross receipts \$ 745,804,317

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)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,609
6 Total number of volunteers (estimate if necessary)	6	18
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	315,591
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	651,780,286	734,999,316
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	494,256	1,905,750
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,661,192	5,425,076
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	657,935,734	742,330,142
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	312,527	396,619
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)	372,754,191	407,797,880
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)	284,623,492	335,494,256
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	657,690,210	743,688,755
19 Revenue less expenses. Subtract line 18 from line 12	245,524	-1,358,613
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,716,739,812	2,616,043,894
21 Total liabilities (Part X, line 26)	1,267,689,712	2,164,002,064
22 Net assets or fund balances. Subtract line 21 from line 20	449,050,100	452,041,830

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: 2021-08-11
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 if self-employed PTIN: P01247783
Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207
Firm's address ▶ 1601 MARKET STREET Phone no. (267) 256-1756
PHILADELPHIA, PA 19103

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 SUPPORT ITS MEMBER HEALTHCARE ORGANIZATIONS FURTHER INNOVATION AND EXCELLENCE IN PATIENT CARE, TEACHING, AND RESEARCH.

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 \$ 636,913,951 including grants of \$ 396,619) (Revenue \$ 740,108,693)
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 ▶ 636,913,951

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	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? If "Yes," complete Schedule L, Part I		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows and sub-rows (a-e). Columns include question text, response boxes (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16), and 'Yes/No' columns. Includes values like 3,609 and 3,609.

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 (19), 1b (16), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

- 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.
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:

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.

See instructions for the order in which to list the persons above.

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)							13,364,781	22,684,054	8,008,535	

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 ▶ 950

	Yes	No
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>	Yes	
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>	Yes	
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>		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
CENTURY FINANCIAL SERVICES 23 MAIDEN LANE NORTH HAVEN, CT 06473	COLLECTION SERVICES	7,220,757
VIZIENT INC 290 E JOHN CARPENTER FREEWAY IRVING, CT 76011	STAFFING SERVICES	3,646,685
ROBERT HALF INTERNATIONAL INC 100 PEARL STREET SUITE 15A HARTFORD, CT 06103	STAFFING SERVICES	3,515,070
MMODAL SERVICES LTD 5000 MERIDIAN BLVD FRANKLIN, TN 37067	CONSULTING SERVICES	2,991,361
KORN FERRY 201 BROAD STREET STAMFORD, CT 06901	CONSULTING SERVICES	2,681,207

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 ▶ 164

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: \$	1g			
	h Total. Add lines 1a-1f				

Program Service Revenue			Business Code			
	2a MANAGEMENT SERVICES		900099	578,907,354	578,907,354	
b INSURANCE PREMIUMS		900099	69,118,581	69,118,581		
c SYSTEM SUPPORT SERVICE		900099	68,351,467	68,351,467		
d EMERGENCY PREPAREDNESS		900099	18,621,914	18,621,914		
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			734,999,316			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,849,809		-108	1,849,917	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c					
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			3,530,116					
		b Less: cost or other basis and sales expenses	7b	3,474,175				
		c Gain or (loss)	7c	55,941				
	d Net gain or (loss)				55,941		55,941	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b						
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a VENDOR REBATES		900099	3,498,739	3,498,739				
b OTHER ANCILLARY INCOME		900099	1,610,638	1,610,638				
c MANAGEMENT SERVICES RE		900099	315,699		315,699			
d All other revenue								
e Total. Add lines 11a-11d			5,425,076					
12 Total revenue. See instructions			742,330,142	740,108,693	315,591		1,905,858	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	396,619	396,619		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,037,536	1,103,754	9,933,782	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	23,760	20,835	2,925	
7 Other salaries and wages	304,151,776	266,711,958	37,439,818	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,144,184	17,966,213	3,177,971	
9 Other employee benefits	50,081,801	42,554,506	7,527,295	
10 Payroll taxes	21,358,823	18,148,592	3,210,231	
11 Fees for services (non-employees):				
a Management				
b Legal	4,189,318		4,189,318	
c Accounting	2,050,026		2,050,026	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	515,730		515,730	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	111,438,199	94,930,149	16,508,050	
12 Advertising and promotion				
13 Office expenses	13,478,849	11,452,977	2,025,872	
14 Information technology				
15 Royalties				
16 Occupancy	100,429,869	85,335,260	15,094,609	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,893,159	1,608,617	284,542	
20 Interest	5,282,633	5,282,633		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,552,304	25,960,293	4,592,011	
23 Insurance	64,182,967	64,182,967		
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 PROPERTY TAX	815,878	693,252	122,626	
b BOOKS & SUBSCRIPTIONS	314,394	267,141	47,253	
c DUES, FEES & MEMBERSHIP	270,891	230,176	40,715	
d PARKING TAX	80,039	68,009	12,030	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	743,688,755	636,913,951	106,774,804	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	89,750,023	2	564,574,513
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,031,516,728	4	1,058,086,730
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	0	8	11,581,678
	9 Prepaid expenses and deferred charges	17,490,704	9	26,408,953
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	521,190,594		
	b Less: accumulated depreciation	343,249,892		
		147,265,970	10c	177,940,702
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	6,880,113	12	309,322,985
	13 Investments—program-related. See Part IV, line 11	371,786,169	13	375,180,405
	14 Intangible assets	52,050,105	14	52,050,105
15 Other assets. See Part IV, line 11	0	15	40,897,823	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,716,739,812	16	2,616,043,894	
Liabilities	17 Accounts payable and accrued expenses	152,457,886	17	229,460,978
	18 Grants payable		18	
	19 Deferred revenue	77,870,471	19	366,545,993
	20 Tax-exempt bond liabilities	892,635,003	20	1,428,864,285
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	144,726,352	25	139,130,808
	26 Total liabilities. Add lines 17 through 25	1,267,689,712	26	2,164,002,064
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	412,849,011	27	415,840,741
	28 Net assets with donor restrictions	36,201,089	28	36,201,089
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	449,050,100	32	452,041,830	
33 Total liabilities and net assets/fund balances	1,716,739,812	33	2,616,043,894	

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	742,330,142
2	Total expenses (must equal Part IX, column (A), line 25)	2	743,688,755
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,358,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	449,050,100
5	Net unrealized gains (losses) on investments	5	4,350,343
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	452,041,830

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 (2019)

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			
RICHARD D'AQUILA PRES. (CURRENT YR COMP)	8.00 32.00			X				547,836	2,191,347	333,702
RICHARD D'AQUILA PRES. (VESTED DEFERRED)	8.00 32.00			X				255,365	1,021,461	0
MARNA BORGSTROM CEO/TRUSTEE	16.00 24.00	X		X				1,324,198	1,986,296	847,172
CHRISTOPHER O'CONNOR EX. VP/COO	37.00 3.00			X				1,565,405	0	555,321
VINCENT TAMMARO EX. VP/CFO/TREASURER	16.00 24.00			X				594,775	892,163	532,785
GAYLE CAPOZZALO FORMER OFFICER	0.00 0.00						X	1,545,056	0	0
THOMAS BALCEZAK EXECUTIVE VP/CCO	4.00 36.00			X				115,076	1,189,189	464,918
WILLIAM ASELTINE SR. VP	8.00 32.00			X				227,731	970,851	437,245
KEVIN MYATT SR. VP (CURRENT YR COMP)	16.00 24.00			X				414,587	621,880	150,530
KEVIN MYATT SR. VP (VESTED DEFERRED)	16.00 24.00			X				152,342	228,512	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			
PRATHIBHA VARKEY SR. VP	8.00 32.00			X				226,210	904,844	368,603
NORMAN ROTH EX. VP (CURRENT YR COMP)	8.00 32.00			X				250,396	1,001,582	44,177
NORMAN ROTH EX. VP (VESTED DEFERRED)	8.00 32.00			X				40,055	160,220	0
LISA STUMP SR. VP/CIO	8.00 32.00			X				202,947	811,785	379,421
WILLIAM JENNINGS FORMER OFFICER	0.00 0.00						X	1,013,152	0	0
PATRICK GREEN EX. VP	8.00 32.00			X				178,060	712,243	346,308
DENISE FIORE SR. VP (CURRENT YR COMP)	1.00 39.00			X				0	734,445	123,165
DENISE FIORE SR. VP (VESTED DEFERRED)	1.00 39.00			X				0	347,860	0
PATRICK MCCABE SR. VP	38.00 2.00			X				842,256	0	338,458
VINCENT PETRINI SR. VP	1.00 39.00			X				0	816,524	299,030

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			
PAMELA SCAGLIARINI SR. VP	1.00 39.00			X				0	792,975	302,000
MICHAEL IVY INTERIM CEO OF BH	4.00 36.00			X				83,555	863,455	117,349
THOMAS NEWMAN SR. VP	16.00 24.00			X				302,531	453,797	292,796
JOHN SKELLY VP	1.00 39.00			X				4,064	673,273	278,255
STEPHEN ALLEGRETTO VP	4.00 36.00			X				60,967	548,697	241,984
MICHAEL DIMENSTEIN VP (CURRENT YR COMP)	4.00 36.00			X				50,385	541,681	36,568
MICHAEL DIMENSTEIN VP (VESTED DEFERRED)	4.00 36.00			X				19,490	209,531	0
DIANE KELLY EX. VP	1.00 39.00			X				0	631,305	212,813
IAN SCHWARTZ SR. VP	40.00 0.00					X		632,045	0	189,010
VICTOR MORRIS VP	40.00 0.00					X		686,113	0	100,205

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			
MATTHEW COMERFORD SR. VP	40.00 0.00					X		678,870	0	97,596
MELISSA TURNER VP	1.00 39.00			X				0	551,068	207,621
CAROLYN SALSGIVER-KOBSA VP	1.00 39.00			X				0	536,394	221,396
JAMES MORRIS VP (CURRENT YR COMP)	1.00 39.00			X				17,708	460,906	85,419
JAMES MORRIS VP (VESTED DEFERRED)	1.00 39.00			X				5,183	134,902	0
EUGENE COLUCCI VP	4.00 36.00			X				64,314	578,831	43,859
JOSEPH BISSON VP	40.00 0.00					X		583,171	0	98,275
ELIZABETH BECKMAN SR. VP	1.00 39.00			X				2,765	458,095	163,834
MICHAEL ANGELINI SR. VP	40.00 0.00					X		538,851	0	78,183
DAVID WURCEL FORMER OFFICER	0.00 0.00						X	0	447,549	3,667

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			
WILLIAM GEDGE FORMER OFFICER	0.00						X	108,149	85,700	0
ANNE DIAMOND EXECUTIVE VP	8.00 32.00			X				31,173	124,693	16,870
VINCENT CALARCO CHAIR/TRUSTEE	1.00	X		X				0	0	0
JOSEPH CRESPO SECRETARY/TRUSTEE	1.00	X		X				0	0	0
MARY FARRELL VICE CHAIR/TRUSTEE	1.00	X		X				0	0	0
JACK CALLAHAN TRUSTEE	1.00	X						0	0	0
JOHN FALCONI TRUSTEE	1.00	X						0	0	0
CARLTON HIGHSMITH TRUSTEE	2.00	X						0	0	0
AARON HOLLANDER TRUSTEE	1.00	X						0	0	0
THOMAS KETCHUM 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			
JOHN LAHEY TRUSTEE	1.00 0.00	X						0	0	0
MARVIN LENDER TRUSTEE	1.00 0.00	X						0	0	0
ARTHUR MARTINEZ TRUSTEE	1.00 3.00	X						0	0	0
BARBARA MILLER TRUSTEE	1.00 1.00	X						0	0	0
BENJAMIN POLAK TRUSTEE	1.00 0.00	X						0	0	0
B MICHAEL RAUH TRUSTEE	1.00 6.00	X						0	0	0
MEREDITH REUBEN TRUSTEE	1.00 1.00	X						0	0	0
PETER SALOVEY TRUSTEE	1.00 1.00	X						0	0	0
ELLIOT SUSSMAN TRUSTEE	1.00 1.00	X						0	0	0
JAMES TORGERSON TRUSTEE	1.00 1.00	X						0	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 instructions and the latest information.

OMB No. 1545-0047
2019
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 6

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	6				101,701,256	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		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))? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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)? <i>If "Yes," answer line 10b below.</i>		No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
		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>	Yes	No
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>	2a	
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>	2b	
		3a	
		3b	

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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		
YALE NEW HAVEN HOSPITALINC	060646652	3	Yes		0	0
BRIDGEPORT HOSPITAL	060646554	3	Yes		0	0
GREENWICH HOSPITAL	060646659	3	Yes		0	0
NORTHEAST MEDICAL GROUP INC	061330992	10	Yes		101,701,256	0
LAWRENCE MEMORIAL HOSPITAL INC	060646704	3	Yes		0	0
LMW HEALTHCARE INC	460543230	3	Yes		0	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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 instructions and the latest information.

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? Yes 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? Yes 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 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	1,333,836	14,247,547
d Equipment		449,683,826	341,916,056	107,767,770
e Other		47,945,385		47,945,385
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				177,940,702

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) INVEST. YALE ENDOWMENT FUND	151,275,349	F
(B) SURRENDER VALUE LIFE INS.	4,435,867	F
(C) ALTERNATIVE INVESTMENTS	38,157,372	F
(D) UNRESTRICTED INVESTMENTS	115,454,397	C
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	309,322,985	

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.)	375,180,405	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PROFESSIONAL LIABILITY INSURANCE	11,775,175
(3) ACCRUED SUPPLEMENTAL RETIREMENT	7,270,225
(4) RETRO INSURANCE CREDIT	17,269,316
(5) INTEREST RATE SWAP	80,061,218
(6) CURRENT PORTION OF LONG TERM DEBT	22,754,874
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	139,130,808

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
(1) INVEST. IN NEPC/VHA	262,192	C
(2) INVEST. IN TOTAL HEALTH	765,186	C
(3) INVEST. IN PATIENT WISDOM	296,024	C
(4) INVEST. IN MCIC VERMONT	1,000,000	C
(5) INVEST. IN N. SHORE LIJ	694,701	C
(6) MCIC EQUITY	81,209,288	C
(7) MCIC INVESTMENT	10,811,582	C
(8) INVEST. IN PHYSICIAN ONE URGENT CARE	1,947,313	C
(9) INVEST. IN SILVER HILL HOSPITAL	540,607	C

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
(11) INVEST. IN PROTON THERAPY	346,362	C

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>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, 2020 AND 2019.</p>

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

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.

OMB No. 1545-0047

2019

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 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.

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, (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. 11
3 Enter total number of other organizations listed in the line 1 table. 1

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) OR 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
BRIDGEPORT REGIONAL BUSINESS COUNCIL 10 MIDDLE STREET 14TH FLOOR BRIDGEPORT, CT 06601	06-0271980	501(C)(6)	6,000				SUPPORT MISSION
B'NAI B'RITH INTERNATIONAL 1120 20TH ST NW SUITE 300 WASHINGTON, DC 20236	53-0179971	501(C)(3)	24,800				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 WORKS INC 205 WHITNEY AVENUE 106 NEW HAVEN, CT 06511	46-2662124	501(C)(3)	70,000				SUPPORT MISSION
ST MARTIN DE PORRES ACADEMY 208 COLUMBUS AVENUE NEW HAVEN, CT 06519	81-0666655	501(C)(3)	15,000				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
CT PLAYERS FOUNDATION INC DBA LONG WHARF THEATER 222 SARGENT DRIVE NEW HAVEN, CT 06511	06-6073063	501(C)(3)	12,500				SUPPORT MISSION
FAMILY CENTERED SERVICES OF CT 235 NICOLL STREET NEW HAVEN, CT 06511	06-0972684	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
GREATER BRIDGEPORT OIC INC 510 BARNUM AVENUE BRIDGEPORT, CT 06608	06-1493753	501(C)(3)	12,500				SUPPORT MISSION
NAACP GREATER NEW HAVEN 545 WHALLEY AVE NEW HAVEN, CT 06511	06-6099313	501(C)(3)	15,000				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
FIRST CALVARY BAPTIST CHURCH 605 DIXWELL AVENUE NEW HAVEN, CT 06511	06-1173497	501(C)(3)	10,000				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND 70 FARMINGTON AVENUE HARTFORD, CT 06105	06-0665972	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
ALBERTUS MAGNUS COLLEGE 700 PROSPECT STREET NEW HAVEN, CT 06511	06-0646520	501(C)(3)	25,000				SUPPORT MISSION
BEULAH HEIGHTS CHURCH 782 ORCHARD STREET NEW HAVEN, CT 06511	06-1290930	501(C)(3)	6,000				SUPPORT MISSION

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

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 Questions Regarding Compensation

	Yes	No
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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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:		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?		No
b Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a The organization?		No
b Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.		
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.	Yes	
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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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, LINE 4B	<p>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 - \$803,062 - CHRISTOPHER O'CONNOR - 354,075 - VINCENT TAMMARO - 318,908 - THOMAS BALCEZAK - 282,464 - WILLIAM J. ASELTINE - 263,040 - PRATHIBHA VARKEY - 249,939 - LISA STUMP - 224,875 - PATRICK GREEN - 206,307 - PATRICK MCCABE - 197,776 - VINCENT PETRINI - 176,247 - PAMELA SCAGLIARINI - 171,720 - THOMAS NEWMAN - 171,459 - JOHN SKELLY - 152,293 - STEPHEN ALLEGRETTO - 143,260 - MELISSA TURNER - 124,588 - CAROLYN SALSGIVER-KOBISA - 121,241 - DIANE KELLY - 109,631 - IAN SCHWARTZ - 90,954 - ELIZABETH BECKMAN - 65,942 - ANNE DIAMOND - 16,154 - 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 2019 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2019 CALENDAR YEAR FORM W-2. SEVERANCE NONQUALIFIED EQUITY-BASED RICHARD D'AQUILA - \$1,276,826 - KEVIN MYATT - 380,854 - DENISE FIORE - 347,860 - MICHAEL DIMENSTEIN - 229,021 - NORMAN ROTH - 200,275 - JAMES B. MORRIS - 140,085 - 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 GAYLE CAPOZZALO 113,613 WILLIAM GEDGE 85,700 PETER HERBERT 78,071 NANCY LEVITT-ROSENTAL 41,876 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>
PART I, LINE 7	<p>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.</p>

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				
1RICHARD D'AQUILA PRES. (CURRENT YR COMP)	(i)	350,672	147,590	49,574	63,701	3,040	614,577	0
	(ii)	1,402,692	590,360	198,295	254,803	12,158	2,458,308	0
1RICHARD D'AQUILA PRES. (VESTED DEFERRED)	(i)	0	0	255,365	0	0	255,365	0
	(ii)	0	0	1,021,461	0	0	1,021,461	0
2MARNA BORGSTROM CEO/TRUSTEE	(i)	857,710	459,610	6,878	333,356	5,513	1,663,067	0
	(ii)	1,286,565	689,415	10,316	500,034	8,269	2,494,599	0
3CHRISTOPHER O'CONNOR EX. VP/COO	(i)	1,055,702	388,377	121,326	535,266	20,055	2,120,726	0
	(ii)	0	0	0	0	0	0	0
4VINCENT TAMMARO EX. VP/CFO/TREASURER	(i)	378,035	165,228	51,512	205,052	8,062	807,889	0
	(ii)	567,052	247,842	77,269	307,578	12,093	1,211,834	0
5GAYLE CAPOZZALO FORMER OFFICER	(i)	9,755	226,553	1,308,748	0	0	1,545,056	453,750
	(ii)	0	0	0	0	0	0	0
6THOMAS BALCEZAK EXECUTIVE VP/CCO	(i)	78,352	24,892	11,832	39,250	1,769	156,095	0
	(ii)	809,689	257,230	122,270	405,613	18,286	1,613,088	0
7WILLIAM ASELTINE SR. VP	(i)	154,375	52,977	20,379	79,266	3,810	310,807	0
	(ii)	658,126	225,848	86,877	337,924	16,245	1,325,020	0
8KEVIN MYATT SR. VP (CURRENT YR COMP)	(i)	276,791	96,083	41,713	54,037	6,175	474,799	0
	(ii)	415,185	144,125	62,570	81,055	9,263	712,198	0
9KEVIN MYATT SR. VP (VESTED DEFERRED)	(i)	0	0	152,342	0	0	152,342	0
	(ii)	0	0	228,512	0	0	228,512	0
10PRATHIBHA VARKEY SR. VP	(i)	152,027	56,381	17,802	72,118	1,603	299,931	0
	(ii)	608,113	225,523	71,208	288,471	6,411	1,199,726	0
11NORMAN ROTH EX. VP (CURRENT YR COMP)	(i)	167,395	65,873	17,128	6,080	2,755	259,231	0
	(ii)	669,581	263,491	68,510	24,320	11,022	1,036,924	0
12NORMAN ROTH EX. VP (VESTED DEFERRED)	(i)	0	0	40,055	0	0	40,055	0
	(ii)	0	0	160,220	0	0	160,220	0
13LISA STUMP SR. VP/CIO	(i)	139,270	43,623	20,054	71,873	4,011	278,831	0
	(ii)	557,078	174,493	80,214	287,493	16,044	1,115,322	0
14WILLIAM JENNINGS FORMER OFFICER	(i)	0	328,536	684,616	0	0	1,013,152	227,427
	(ii)	0	0	0	0	0	0	0
15PATRICK GREEN EX. VP	(i)	125,408	41,821	10,831	65,251	4,011	247,322	0
	(ii)	501,632	167,285	43,326	261,002	16,044	989,289	0
16DENISE FIORE SR. VP (CURRENT YR COMP)	(i)	0	0	0	0	0	0	0
	(ii)	492,682	157,504	84,259	115,400	7,765	857,610	0
17DENISE FIORE SR. VP (VESTED DEFERRED)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	347,860	0	0	347,860	0
18PATRICK MCCABE SR. VP	(i)	610,839	194,045	37,372	324,676	13,782	1,180,714	0
	(ii)	0	0	0	0	0	0	0
19VINCENT PETRINI SR. VP	(i)	0	0	0	0	0	0	0
	(ii)	546,359	195,554	74,611	283,950	15,080	1,115,554	0

(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				
21 PAMELA SCAGLIARINI SR. VP	(i)	0	0	0	0	0	0	
	(ii)	517,235	196,103	79,637	282,120	19,880	1,094,975	
1 MICHAEL IVY INTERIM CEO OF BH	(i)	61,274	16,870	5,411	8,614	1,740	93,909	
	(ii)	633,208	174,333	55,914	89,013	17,982	970,450	
2 THOMAS NEWMAN SR. VP	(i)	223,132	61,960	17,439	108,985	8,133	419,649	
	(ii)	334,698	92,940	26,159	163,478	12,200	629,475	
3 JOHN SKELLY VP	(i)	2,921	771	372	1,551	119	5,734	
	(ii)	483,972	127,675	61,626	256,923	19,662	949,858	
4 STEPHEN ALLEGRETTO VP	(i)	46,599	11,651	2,717	22,820	1,378	85,165	
	(ii)	419,388	104,860	24,449	205,382	12,404	766,483	
5 MICHAEL DIMENSTEIN VP (CURRENT YR COMP)	(i)	34,748	9,872	5,765	1,873	1,239	53,497	
	(ii)	373,573	106,128	61,980	20,138	13,318	575,137	
6 MICHAEL DIMENSTEIN VP (VESTED DEFERRED)	(i)	0	0	19,490	0	0	19,490	
	(ii)	0	0	209,531	0	0	209,531	
7 DIANE KELLY EX. VP	(i)	0	0	0	0	0	0	
	(ii)	461,561	143,615	26,129	191,844	20,969	844,118	
8 IAN SCHWARTZ SR. VP	(i)	471,514	125,976	34,555	168,354	20,656	821,055	
	(ii)	0	0	0	0	0	0	
9 VICTOR MORRIS VP	(i)	489,738	135,442	60,933	80,400	19,805	786,318	
	(ii)	0	0	0	0	0	0	
10 MATTHEW COMERFORD SR. VP	(i)	493,882	146,096	38,892	78,650	18,946	776,466	
	(ii)	0	0	0	0	0	0	
11 MELISSA TURNER VP	(i)	0	0	0	0	0	0	
	(ii)	391,550	115,923	43,595	188,092	19,529	758,689	
12 CAROLYN SALSGIVER- KOBSA VP	(i)	0	0	0	0	0	0	
	(ii)	369,605	117,936	48,853	200,641	20,755	757,790	
13 JAMES MORRIS VP (CURRENT YR COMP)	(i)	12,296	3,446	1,966	2,448	713	20,869	
	(ii)	320,058	89,677	51,171	63,702	18,556	543,164	
14 EUGENE COLUCCI VP	(i)	48,794	12,076	3,444	3,008	1,378	68,700	
	(ii)	439,151	108,680	31,000	27,069	12,404	618,304	
15 JOSEPH BISSON VP	(i)	420,178	124,114	38,879	77,400	20,875	681,446	
	(ii)	0	0	0	0	0	0	
16 ELIZABETH BECKMAN SR. VP	(i)	2,584	18	163	894	89	3,748	
	(ii)	428,045	2,982	27,068	148,136	14,715	620,946	
17 MICHAEL ANGELINI SR. VP	(i)	403,697	101,775	33,379	58,582	19,601	617,034	
	(ii)	0	0	0	0	0	0	
18 DAVID WURCEL FORMER OFFICER	(i)	0	0	0	0	0	0	
	(ii)	18,174	183,582	245,793	3,667	0	451,216	
19 WILLIAM GEDGE FORMER OFFICER	(i)	0	0	108,149	0	0	108,149	
	(ii)	0	0	85,700	0	0	85,700	

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				
41 ANNE DIAMOND EXECUTIVE VP	(i)	15,924	15,000	249	3,231	143	34,547	0
	(ii)	63,696	60,000	997	12,923	573	138,189	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 instructions and the latest information.

OMB No. 1545-0047

2019

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 (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A-D: CHEFA - SERIES A, B, C, D.

Part II Proceeds

Table with columns: 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), A, B, C, D. Rows 14-17: Questions about bond issuance and record keeping.

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, Are there any lease arrangements that may result in private business use of bond-financed property?), A, B, C, D.

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 ▶	0.020 %		0 %		0.300 %		0.020 %	
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	0.020 %		0 %		0.300 %		0.020 %	
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: 07/01/2020 ISSUER NAME: CHEFA - SERIES B DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2020 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: 07/01/2020

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"). YNHHS HAS IN-HOUSE LEGAL COUNSEL STAFF WHO REVIEW MANAGEMENT, OR SERVICE CONTRACTS AND RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY TO ENSURE THAT SUCH AGREEMENTS ARE COMPLIANT WITH APPLICABLE SAFE HARBORS. IN-HOUSE COUNSEL CONSULTS WITH THE ORGANIZATION'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 instructions and the latest information.

OMB No. 1545-0047

2019

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 E	06-0806186	20774YRV1	06-23-2014	80,935,000	CONSTRUCTION/EQUIP		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,190,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	92,315,918			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,157,121			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	91,158,797			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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 L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EBP SUPPLY SOLUTIONS	SEE PART V - COLUMN D	130,474	SEE PART V		No
(2) MARY-JANE CALLAHAN	SEE PART V - COLUMN D	174,140	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN (D)	<p>BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS NAME OF INTERESTED PERSON: EBP SUPPLY SOLUTIONS TRUSTEE MEREDITH REUBEN IS THE SOLE STOCKHOLDER AND CHIEF EXECUTIVE OFFICER OF EBP SUPPLY SOLUTIONS, INC. AFTER PERFORMING AN OBJECTIVE REVIEW PROCESS, WHICH INCLUDED A COMPARISON TO COMPETITIVE ALTERNATIVES AVAILABLE IN THE MARKETPLACE AND IN WHICH MS. REUBEN WAS NOT INVOLVED, THE HEALTH SYSTEM PURCHASED JANITORIAL AND FOOD SERVICE SUPPLIES AND SERVICES FROM EBP SUPPLY SOLUTIONS, INC. AMOUNT OF TRANSACTION: \$130,473.84</p> <p>NAME OF INTERESTED PERSON: MARY-JANE CALLAHAN TRUSTEE JACK CALLAHAN'S SISTER, MARY-JANE CALLAHAN, IS EMPLOYED IN THE FINANCE DEPARTMENT OF YALE NEW HAVEN HEALTH SERVICES CORPORATION AND RECEIVED COMPENSATION OVER \$10,000.00 DURING THE TAX YEAR BY THE ORGANIZATION. AMOUNT OF TRANSACTION: \$174,139.63</p>

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

YALE NEW HAVEN HEALTH SERVICES
CORPORATION

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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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 STARTED THE FISCAL YEAR WITH STRONG FINANCIAL PERFORMANCE, HEALTHY PATIENT VOLUMES AND PLANS TO DEVELOP PROGRAMS AND SERVICES. PLANS CAME TO A HALT DURING THE SECOND QUARTER WHEN THE CORONAVIRUS PANDEMIC DIVERTED RESOURCES AND ATTENTION TO THE IMMEDIATE CARE OF OUR PATIENTS, STAFF AND COMMUNITIES. AT THE START OF THE PANDEMIC, YNHHS REDUCED NON-COVID-19 INPATIENT CENSUS BY CANCELLING AND RESCHEDULING NON-EMERGENT SURGERIES TO BETTER ACCOMMODATE A PREDICTED SURGE IN COVID-POSITIVE PATIENTS. YNHHS SWIFTLY CONVERTED HOSPITAL SPACE TO COVID-19 UNITS, ASSEMBLED DRIVE-THROUGH SPECIMEN COLLECTION SITES AND MOBILE TESTING UNITS, CREATED ON-SITE SPECIMEN TESTING CAPABILITIES, INSTITUTED NEW TREATMENT AND MEDICATION THERAPIES, LAUNCHED EMPLOYEE WELLNESS INITIATIVES AND PROCURED NEARLY IMPOSSIBLE-TO-FIND RESOURCES FROM PERSONAL PROTECTIVE EQUIPMENT TO VENTILATORS TO MEDICATIONS. COVID-19 POSITIVE INPATIENTS PEAKED AT 790 IN APRIL 2020. THROUGHOUT THE YEAR, 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. IN TOTAL, THE SYSTEM ADMITTED 4,935 COVID-19 PATIENTS AND DISCHARGED 4,309. IN THE MIDDLE OF AN UNPRECEDENTED HEALTH CRISIS, YNHHS DEMONSTRATED LEADERSHIP ON THE NATIONAL, STATE AND LOCAL LEVELS THROUGH TRANSPARENT COMMUNICATIONS TO THE PUBLIC AND TO EMPLOYEES; MAINTAINED SAFE, HIGH-QUALITY CARE; AND ADVANCED KEY PROGRAMS AND SERVICES FOR THE PATIENTS WE SERVE. RECOGNIZING THE VALUE OF INNOVATION, YALE NEW HAVEN HEALTH, WITH YALE SCHOOL OF MEDICINE, MOVED FORWARD WITH A COMPUTATIONAL HEALTH INFORMATICS PLATFORM THAT FOSTERS PRECISION MEDICINE RESEARCH AND HEALTHCARE DELIVERY THROUGH THE INTEGRATION OF TECHNOLOGY AND ADVANCED ANALYTICS. GREENWICH HOSPITAL INSTITUTED A NEUROSCIENCE PROGRAM THAT INCLUDES LIFE-SAVING MECHANICAL THROMBECTOMY, BECOMING THE ONLY HOSPITAL IN LOWER FAIRFIELD COUNTY TO OFFER THIS ADVANCED TREATMENT FOR ACUTE STROKE. THE YNHHS HEART AND VASCULAR CENTER ROBOTIC CARDIAC TEAM PERFORMED THE 100TH ROBOTIC MITRAL VALVE REPAIR SURGERY, WHICH OFFERS PATIENTS SMALLER INCISIONS, LESS PAIN, A SHORTER HOSPITAL STAY AND QUICKER RECOVERY. YALE NEW HAVEN HOSPITAL AT SHORELINE MEDICAL CENTER PERFORMED THE STATE'S FIRST OUTPATIENT AMBULATORY CENTER ROBOTIC HERNIA REPAIR USING THE DA VINCI XI, WHICH PROVIDES 3D IMAGES OF THE SURGICAL AREA VERSUS 2D IMAGES FOR LAPAROSCOPIC SURGERY. BRIDGEPORT HOSPITAL LAUNCHED AN ENHANCED STROKE CENTER THAT INCLUDES A TELESTROKE PROGRAM AND PROCEDURES THAT CAN REVERSE STROKE SYMPTOMS. TO SUPPORT COMPREHENSIVE CANCER CARE, SMILOW CANCER HOSPITAL CARE CENTER IN GREENWICH ENHANCED INTERVENTIONAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ONCOLOGY SERVICES THAT USE MINIMALLY INVASIVE, TARGETED PROCEDURES TO DELIVER TREATMENT DIRECTLY TO THE TUMOR, SPARING SURROUNDING HEALTHY TISSUE. A NEW, INNOVATIVE SURGICAL PROGRAM AT GREENWICH HOSPITAL TREATS BREAST CANCER-RELATED LYMPHEDEMA BY FOCUSING ON NATURAL TISSUE BREAST RECONSTRUCTION. WESTERLY HOSPITAL OPENED A SMILOW CANCER HOSPITAL CARE CENTER, THE FIRST IN RHODE ISLAND, BRINGING PATIENTS IN EASTERN CONNECTICUT AND RHODE ISLAND ACCESS TO CLINICAL TRIALS, IMMUNOTHERAPIES, GENETIC COUNSELING, SECOND-OPINION CONSULTATIONS, NUTRITION COUNSELING AND SURVIVORSHIP GUIDANCE. YNHHS WORKED ON INITIATIVES DESIGNED TO ADVANCE THE SYSTEM'S MISSION TO BRING CARE AND SERVICES INTO THE COMMUNITIES WHERE PATIENTS RESIDE. THE MOHEGAN TRIBE NAMED YALE NEW HAVEN HEALTH AS ITS PREFERRED HEALTHCARE PROVIDER PARTNER FOR ALL MOHEGAN TRIBAL CITIZENS, EMPLOYEES AND THEIR FAMILIES. THE HEALTH SYSTEM OFFERS ON-SITE PRIMARY CARE, WALK-IN CARE, SPECIALTY CARE SERVICES AND A PATIENT RESOURCE CENTER. COLLABORATING WITH CORNELL SCOTT-HILL HEALTH CENTER AND FAIR HAVEN COMMUNITY HEALTH CARE, YALE NEW HAVEN HOSPITAL DEVELOPED THE NEW HAVEN PRIMARY CARE CONSORTIUM AND OPENED A COMMUNITY CLINIC TO BROADEN ACCESS TO PRIMARY CARE SERVICES, WOMEN'S SERVICES AND PEDIATRIC/ADOLESCENT CARE. WESTERLY HOSPITAL UNVEILED A \$4 MILLION PHARMACY THAT HOUSES A COMPUTERIZED CAROUSEL THAT DISPENSES MEDICATIONS BY BAR CODE AND AUTOMATICALLY REORDERS SUPPLIES; A NEGATIVE-PRESSURE HOOD FOR SAFE PREPARATION OF CHEMOTHERAPY MEDICATIONS; AND A NON-HAZARDOUS CLEAN ROOM TO ENSURE STERILITY DURING PREPARATION OF IV MEDICATIONS. NORTHEAST MEDICAL GROUP OPENED A NEW 25,000-SQUARE-FOOT MULTISPECIALTY CENTER IN FAIRFIELD THAT INCLUDES 45 EXAM ROOMS AND THREE PROCEDURE ROOMS FOR 30 MEDICAL SPECIALISTS. THE CENTER ALSO HOUSES A BLOOD DRAW STATION AND X-RAY SERVICES. THROUGH A PARTNERSHIP WITH THE UNIVERSITY OF NEW HAVEN, YALE NEW HAVEN HEALTH CREATED A CAMPUS HEALTH SERVICES PROGRAM FOR STUDENTS AND EMPLOYEES OF THE UNIVERSITY. THE PARTNERSHIP PROVIDES CARE ON CAMPUS, VIA TELEHEALTH, AND AT ITS FACILITIES. YNHHS' PHYSICIAN FOUNDATION, NORTHEAST MEDICAL GROUP PROVIDES PRIMARY CARE, COVID-19 TESTING AND STUDENT HEALTH. VNA SOUTH CENTRAL CONNECTICUT INTEGRATED WITH YALE NEW HAVEN HEALTH TO BECOME HOME CARE PLUS-SOUTH CENTRAL CONNECTICUT. THE COMMUNITY-BASED, HOME-CARE SERVICE AGENCY ENHANCES THE HEALTH SYSTEM'S ABILITY TO PROVIDE COORDINATED, HIGH-QUALITY HOME CARE SERVICES TO THE NEW HAVEN, MILFORD AND VALLEY REGIONS. BRIDGEPORT HOSPITAL JOINED THE AGE-FRIENDLY HEALTH SYSTEMS INITIATIVE, A MOVEMENT TO IMPROVE HEALTH CARE FOR OLDER ADULTS. THE HOSPITAL IS ONE OF MORE THAN 100 HEALTH SYSTEMS WORKING TO TAILOR CARE FOR OLDER ADULTS TO THEIR GOALS AND PREFERENCES. TO HELP ACHIEVE GREATER UNDERSTANDING AND AWARENESS OF THE DIVERSITY OF OUR PATIENTS, EMPLOYEES AND OUR COMMUNITIES DURING A TURBULENT YEAR THAT INCLUDED RACIAL AND JUSTICE INEQUITY, RACIAL DISCRIMINATION AND POLITICAL UNREST IN ADDITION TO THE PA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NDemic, YNHHS EXPANDED PROGRAMMING THAT ADDRESSED SOCIALLY RELEVANT AND TIMELY TOPICS. ALL FIVE YALE NEW HAVEN HEALTH HOSPITALS WERE DESIGNATED LGBTQ HEALTHCARE EQUALITY LEADERS BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION IN THE HEALTHCARE EQUITY INDEX. EVEN IN THE WAKE OF A PANDEMIC, YALE NEW HAVEN HEALTH'S WORK REMAINS CLEAR; TO ENDURE AND DEMONSTRATE EXCELLENCE IN SAFE, HIGH-QUALITY PATIENT CARE AS WELL AS TO INSTILL A SPIRIT OF UNPARALLELED VALUE FOR PATIENTS, AND EXEMPLARY CAMARADERIE AMONG STAFF. 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.</p>

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 CERTAIN OF 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	<p>THE COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE OF YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE COMPENSATION AND LEADERSHIP DEVELOPMENT 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 COMPENSATION AND LEADERSHIP DEVELOPMENT 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 COMPENSATION AND LEADERSHIP DEVELOPMENT 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 COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE COMPENSATION AND LEADERSHIP DEVELOPMENT 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 COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE, AND PROVIDED TO THE BOARD.</p>

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 3,809,800. MANAGEMENT AND GENERAL EXPENSES 390,139. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,199,939. PERSONNEL SUPPORT/OUTSIDE CONTRACTUAL: PROGRAM SERVICE EXPENSES 73,768,543. MANAGEMENT AND GENERAL EXPENSES 13,048,620. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 86,817,163. TEMPORARY HELP/TRAINING/DEVELOPMENT: PROGRAM SERVICE EXPENSES 2,876,599. MANAGEMENT AND GENERAL EXPENSES 508,830. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,385,429. SYSTEM SUPPORT: PROGRAM SERVICE EXPENSES 14,475,207. MANAGEMENT AND GENERAL EXPENSES 2,560,461. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 17,035,668.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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	N/A									
(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	370,770	564,588,547		No			No	2.370 %
(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)		No
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)	Yes	
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
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
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:	NAME OF RELATED ORGANIZATION: BRIDGEPORT HOSPITAL AUXILIARY INC. - ENTITY DISSOLVED 9/29/2020 NAME OF CONTROLLING ENTITY: BRIDGEPORT HOSPITAL UNTIL DISSOLUTION NAME OF RELATED ORGANIZATION: L&M HEALTHCARE INC - ENTITY DISSOLVED 9/25/2020 NAME OF CONTROLLING ENTITY: LAWRENCE + MEMORIAL CORPORATION UNTIL DISSOLUTION

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	SEE PART VII	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	SEE PART VII	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 LONDON, 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	NY	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	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12C, III-FI	GREENWICH 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	

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
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION SERVICES	CT	YALE NEW HAVEN HOSPITAL	C	6,524,814	3,598,389	100.000 %	Yes	
CORPORATE PROFESSIONAL BUSINESS SERVICES INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C	9,779,082	1,245,340	100.000 %	Yes	
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C	6,479,373	2,652,425	100.000 %	Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE SERVICES	NJ	GREENWICH HOSPITAL	C	124,162	116,552	100.000 %	Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NY PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE SERVICES	NY	GREENWICH HEALTH SERVICES INC	C	4,493	68,021	100.000 %	Yes	
L & M SYSTEMS INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553037	HEALTHCARE RELATED SERVICES	CT	LAWRENCE MEMORIAL CORPORATION	C			100.000 %	Yes	
L&M HOME CARE SERVICES INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1389272	HOME THERAPY	CT	L & M SYSTEMS INC	C	857,471	5,053,009	100.000 %	Yes	
MEDICAL CENTER PHARMACY AND HOME CARE CENTER INC 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	YORK ENTERPRISES INC	C	26,698,058	37,703,533	100.000 %	Yes	
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HOSPITAL	C	3,527,196	19,237,572	100.000 %	Yes	
YNHH PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C	250	73,012	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
BRIDGEPORT HOSPITAL	L	110,139,061	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL	P	47,238,496	TRANSACTION REVIEW
BRIDGEPORT HOSPITAL	R	747,436	CASH
BRIDGEPORT HOSPITAL	S	153,083,674	CASH
CENTURY FINANCIAL SERVICES INC	L	824,906	COMPARABLE MARKET VALUE
CORPORATE PROFESSIONAL BUSINESS SERVICES INC	M	9,313,411	COMPARABLE MARKET VALUE
CORPORATE PROFESSIONAL BUSINESS SERVICES INC	P	691,910	TRANSACTION REVIEW
CORPORATE PROFESSIONAL BUSINESS SERVICES INC	R	8,009,047	TRANSACTION REVIEW
GREENWICH HOSPITAL	L	59,974,084	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL	M	189,900	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL	O	99,174	TRANSACTION REVIEW
GREENWICH HOSPITAL	P	12,706,842	TRANSACTION REVIEW
GREENWICH HOSPITAL	R	6,489,271	CASH
GREENWICH HOSPITAL	S	74,304,220	CASH
HOME CARE PLUS INC	L	331,920	COMPARABLE MARKET VALUE
HOME CARE PLUS INC	O	63,652	TRANSACTION REVIEW
HOME CARE PLUS INC	P	155,319	TRANSACTION REVIEW
LAWRENCE MEMORIAL HOSPITAL INC	L	42,944,775	COMPARABLE MARKET VALUE
LAWRENCE MEMORIAL HOSPITAL INC	M	101,120	COMPARABLE MARKET VALUE
LAWRENCE MEMORIAL HOSPITAL INC	P	11,502,483	TRANSACTION REVIEW
LAWRENCE MEMORIAL HOSPITAL INC	R	4,732,494	TRANSACTION REVIEW
LAWRENCE MEMORIAL HOSPITAL INC	S	52,318,399	TRANSACTION REVIEW
MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	L	6,078,918	COMPARABLE MARKET VALUE
MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	P	342,826	TRANSACTION REVIEW
MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	S	3,873,030	CASH

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
NORTHEAST MEDICAL GROUP INC	J	164,555	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	L	136,872,772	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	M	112,066,286	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	O	256,306	TRANSACTION REVIEW
NORTHEAST MEDICAL GROUP INC	P	3,084,683	TRANSACTION REVIEW
NORTHEAST MEDICAL GROUP INC	Q	130,286	TRANSACTION REVIEW
NORTHEAST MEDICAL GROUP INC	R	605,715	CASH
NORTHEAST MEDICAL GROUP INC	S	51,225,843	CASH
YALE NEW HAVEN AMBULATORY SERVICES CORP	L	129,636	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	L	214,849	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	O	197,087	TRANSACTION REVIEW
YALE NEW HAVEN HOSPITAL	L	361,036,929	COMPARABLE MARKET VALUE
YALE NEW HAVEN HOSPITAL	M	432,489	COMPARABLE MARKET VALUE
YALE NEW HAVEN HOSPITAL	P	40,880,073	TRANSACTION REVIEW
YALE NEW HAVEN HOSPITAL	Q	433,223,988	TRANSACTION REVIEW
YALE NEW HAVEN HOSPITAL	R	57,070,513	CASH
YALE NEW HAVEN HOSPITAL	S	15,559,710	CASH