Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2008 or other tax year beginning 10/01/08 , and ending 9/30/09 . ▶ See separate instructions.

OMB No 1545-0687

2008

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 1570953316

Print or Type

Name of organization (☐ Check box if name changed and see instructions)
YALE-NEW HAVEN HOSPITAL

Number, street, and room or suite no If a P O box, see page 9 of instructions
20 YORK STREET

City or town, state, and ZIP code
NEW HAVEN CT 06504

D Employer identification number (Employees' trust, see instructions for Block D on page 9)
06-0646652

E Unrelated business activity codes (See instructions for Block E on page 9)
621500 900099

F Group exemption number (See instructions for Block F on page 9) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity
▶ OPERATION OF A LABORATORY DROP-OFF SERVICE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☒ Yes ☐ No

If "Yes," enter the name and identifying number of the parent corporation
▶ YNH NETWORK CORPORATION 06-1513687

J The books are in care of ▶ VINCENT TAMMARO Telephone number ▶ 203-688-2069

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶ 1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement) See Stmt 1	5	22,475		22,475
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See page 11 of the instructions, attach schedule) See Stmt 2	12	2,517,647		2,517,647
13 Total. Combine lines 3 through 12	13	2,540,122		2,540,122

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			14	
15 Salaries and wages			15	
16 Repairs and maintenance			16	
17 Bad debts			17	
18 Interest (attach schedule)			18	
19 Taxes and licenses			19	
20 Charitable contributions (See page 13 of the instructions for limitation rules)			20	
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	0
23 Depletion			23	
24 Contributions to deferred compensation plans			24	
25 Employee benefit programs			25	
26 Excess exempt expenses (Schedule I)			26	
27 Excess readership costs (Schedule J)			27	
28 Other deductions (attach schedule) See Statement 3			28	3,215,070
29 **Total deductions.** Add lines 14 through 28			29	3,215,070
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13			30	-674,948
31 Net operating loss deduction (limited to the amount on line 30)			31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30			32	-674,948
33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000
34 **Unrelated business taxable income.** Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-674,948

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DAA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **990-T** (2008)

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation on page 15 Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See Instructions** and		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of **(1)** Additional 5% tax (not more than $11,750)	$	
	(2) Additional 3% tax (not more than $100,000)	$	
c	Income tax on the amount on line 34 ▶		35c
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16 Income tax on the amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶		36
37	**Proxy tax.** See page 16 of the instructions ▶		37
38	Alternative minimum tax		38
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies		39

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a		
b	Other credits (see page 17 of the instructions)	40b		
c	General business credit Attach Form 3800	40c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e	**Total credits.** Add lines 40a through 40d			40e
41	Subtract line 40e from line 39			41
42	Other taxes Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other			42
43	**Total tax.** Add lines 41 and 42			43 0
44a	Payments A 2007 overpayment credited to 2008	44a		
b	2008 estimated tax payments	44b		
c	Tax deposited with Form 8868	44c		
d	Foreign organizations Tax paid or withheld at source (see instructions)	44d		
e	Backup withholding (see instructions)	44e		
f	Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44f		
45	**Total payments.** Add lines 44a through 44f			45
46	Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached ▶ ☐			46
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48
49	Enter the amount of line 48 you want: **Credited to 2009 estimated tax** ▶ **Refunded** ▶			49

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

		Yes	No
1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5 Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional sec 263A costs (attach sch)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

Signature of officer: [signature] Date: 7/28/10 Title: Chief Financial Officer

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

Paid Preparer's Use Only

Preparer's signature	Chad R Frank	Date 7/26/10	Check if self-employed ☐
Preparer's SSN or PTIN	P01071312		
Firm's name (or yours if self-employed), address, and ZIP code	ERNST & YOUNG U.S., LLP 55 IVAN ALLEN JR. BLVD, STE 1000 ATLANTA, GA 30308	EIN 34-6565596	Phone no 404-874-8300

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions on page 19)

1 Description of property

(1) N/A
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E—Unrelated Debt-Financed Income (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals ▶				
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross inc	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ▶				

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J—Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of penodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
N/A		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Federal Statements

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	Gross Income	Direct Deductions (Part. only)	Net Income
INVESTMENT INCOME FROM K-1s	$ 22,475	$	$ 22,475
Total	$ 22,475	$ 0	$ 22,475

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
LABORATORY SERVICES	$ 2,517,647
Total	$ 2,517,647

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
DIRECT EXPENSES	$ 1,655,713
INDIRECT EXPENSES	1,559,357
Total	$ 3,215,070

MASTER ELECTION AND/OR APPORTIONMENT SCHEDULE FOR CONTROLLED GROUP OF CORPORATIONS

Corporation filing original consent and/or election

Name. Yale-New Haven Network Corporation
Address: 789 Howard Avenue, New Haven, CT 06519
Taxable year ended. September 30, 2009
Service center where original filed Ogden

The following component members of a controlled group of corporations hereby consent under Sections 1561(a)(1), 1561(a)(3), and 1561(a)(4) to the following apportionment plan regarding the taxable year of each corporation which includes September 30, 2009

The following component members of a controlled group of corporations as defined in Section 179(d)(7), hereby consent under Section 179(d)(6) to the following apportionment plan regarding the taxable year of each corporation which includes September 30, 2009

Name and Address	FEIN	Return Filed In	Taxable Year Ended	Section 11(b) Income Tax Brackets				Section 55(d) AMT Exemption		Section 38 (c)(3)(B) General Business Credit Limitation	Section 179	Section 535(c) Accumulated Earnings Credit	Section 6655 (g)(2)(A) Large Corporation Income
				15% $50,000	25% $25,000	34% $9,925,000	Additional 5% Tax $11,750	$40,000	$150,000	$25,000	$250,000	$150,000	$1,000,000
YNH Network Corporation 789 Howard Avenue New Haven, CT 06519	06-1513687	Ogden, UT	9/30/2009	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
York Enterprises, Inc & Subsidiaries 50 York Street New Haven, CT 06504	06-1110937	Cincinnati, OH	9/30/2009	$50 000	$25,000	$1,000,000	$0	$0	$0	$0	$0	$0	$0
Yale-New Haven Hospital, Inc 20 York Street New Haven, CT 06504	06-0646652	Ogden, UT	9/30/2009	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Yale-New Haven Ambulatory Services Corporatio 40 Temple Street New Haven, CT 06510	06-1398526	Ogden, UT	9/30/2009	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Yale-New Haven Health Services Corporation 789 Howard Avenue New Haven, CT 06519	22-2529464	Ogden, UT	9/30/2009	$0	$0	$8,925,000	$11,750	$0	$0	$25,000	$125,000	$250,000	$1,000,000
YNHH-MSO, Inc 789 Howard Avenue New Haven, CT 06519	06-1467717	Cincinnati, OH	9/30/2009	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Bridgeport Hospital 267 Grant Street Bridgeport, CT 06610	06-0646554	Ogden, UT	9/30/2009	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Greenwich Hospital 5 Perryridge Road Greenwich, CT 06830	06-0646659	Ogden, UT	9/30/2009	$0	$0	$0	$0	$40,000	$150,000	$0	$0	$0	$0
				$50,000	$25,000	$9,925,000	$11,750	$40,000	$150,000	$25,000	$125,000	$250,000	$1,000,000

MASTER ELECTION AND/OR APPORTIONMENT SCHEDULE FOR CONTROLLED GROUP OF CORPORATIONS

Name and Address	Authorized Signature	Title	Date
YNH Network Corporation 789 Howard Avenue New Haven, CT 06519	John Skelly	Vice President of Finance	6-11-10
York Enterprises, Inc. & Subsidiaries 50 York Street New Haven, CT 06504	John Skelly	Vice President of Finance	6-11-10
Yale-New Haven Hospital, Inc. 20 York Street New Haven, CT 06504	John Skelly	Vice President of Finance	6-11-10
Yale-New Haven Ambulatory Services Corporation 40 Temple Street New Haven, CT 06510	John Skelly	Vice President of Finance	6-11-10
Yale-New Haven Health Services Corporation 789 Howard Avenue New Haven, CT 06519	John Skelly	Vice President of Finance	6-11-10
YNHH-MSO, Inc. 789 Howard Avenue New Haven, CT 06519	Peter N Herbert MD Peter N. Herbert, MD	President	2-19-10
Bridgeport Hospital 267 Grant Street Bridgeport, CT 06610	Patrick McCabe	Senior Vice-President/CFO	6-15-10
Greenwich Hospital 5 Perryridge Road Greenwich, CT 06830	Eugene J. Colucci	VP Finance/CFO	2-7-10

YALE-NEW HAVEN HOSPITAL
EIN: 06-0646652
NET OPERATING LOSS
FISCAL YEAR ENDED SEPTEMBER 30, 2009

	NOL	Used	NOL Remaining
Year Ended 9/30/02	264,078	0	264,078
Year Ended 9/30/03	358,483	0	358,483
Year Ended 9/30/04	297,299	0	297,299
Year Ended 9/30/05	499,149	0	499,149
Year Ended 9/30/06	533,771	0	533,771
Year Ended 9/30/07	282,822	0	282,822
Year Ended 9/30/08	317,233	0	317,233
Available to 9/30/09	2,552,835	-	2,552,835