Form <b>990</b>
Department of the Treasury

Internal Revenue Service

**"PUBLIC INSPECTION COPY" Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



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

A	For th	e 2011 calendar year, or tax year beginning $OCT 1, 2011$ and	ending S	SEP 30, 2012	
B	Check if applicat	le: C Name of organization		D Employer identific	cation number
	Addr chan	Pe I YNH NETWORK CORPORATION			
	Name Chan	pe Doing Business As		06-1	513687
	Initial returi Term ated	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number 203-	688-2069
	Amer			G Gross receipts \$	508.
	Appli dtion	<sup>ca-</sup> NEW HAVEN, CT 06519		H(a) Is this a group re	turn
	pend	F Name and address of principal officer: JAMES STATEN		for affiliates?	Yes X No
		789 HOWARD AVE, NEW HAVEN, CT 06519		H(b) Are all affiliates incl	uded? 🗌 Yes 🗌 No
1	Гах-е>	empt status: 🔟 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) (	or 🛄 527	If "No," attach a	list. (see instructions)
		te: ► N/A		H(c) Group exemption	
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1998	State of legal domicile: ${f CT}$
Pá	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO D.	EVELOI	P, MANAGE AND	COORDINATE
Governance		A LOCAL, VERTTICAL INTEGRATED NETWORK OF			
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos			
2 0 0 0	3				11
٥ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
ties	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			0
Activities	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			
		Contributions and events (Dout )/III line 1b)	- H	Prior Year 0 •	Current Year 0 •
anı	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g)		1,253.	508.
Re	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,253.	508.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		80,173.	100,590.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		80,173.	100,590.
	19	Revenue less expenses. Subtract line 18 from line 12		-78,920.	-100,082.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		10,302,050.	9,610,392.
it As	21	Total liabilities (Part X, line 26)		83,582.	84,463.
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		10,218,468.	9,525,929.
Pa	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepare	r has any knowledge.	

Sign Here	Signature of officer JAMES STATEN, CFO Type or print name and title		Date	
Paid Preparer	Print/Type preparer's name Preparer's signature	B. Bonn	08/15/2013	Check PTIN if self-employed ₽00032493 EIN ▶ 34-6565596
Use Only	Firm's address 111 MONUMENT CIRCLE, SUIT INDIANAPOLIS, IN 46204		Phone	no. 317-681-7471
May the I	RS discuss this return with the preparer shown above? (see instruction	ns)		Yes X No
			Phone	

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

orm	990 (2011) YNH NETWORK CORPORATION	06-1513687 <sub>Pa</sub>
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission:	
1	TO DEVELOP, MANAGE AND COORDINATE A LOCAL, VERTICA NETWORK OF HEALTH CARE SERVICES THROUGH YALE-NEW H	
	(YNHH) AND ITS AFFILIATES BY PROVIDING ESSENTIAL S	
2	Did the organization undertake any significant program services during the year which were not liste	
	the prior Form 990 or 990-EZ? 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 If "Yes," describe these changes on Schedule O.	m services? Yes X
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$	) (Revenue \$
	TO PROVIDE ESSENTIAL SUPPORT SERVICES THROUGHOUT THAVEN HOSPITAL, INC., (Y-NHH) AND ITS AFFILIATES	
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$
4d	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ►	
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Form 990 (			NETWORK
Part IV	Checklist of	f Require	d 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
a	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, XII, and XIII is optional	106	х	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	- 23	x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-14		
	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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	18		x
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	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

132003 01-23-12

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21         Did the organization report more than 55,000 of grants and other assistance to any government or organization in the united States on Part IX, volum (A), line 71 " Yes, "complete Schedule I, Parts I and II         22         X           23         Did the organization report more than 55,000 of grants and other assistance to individuals in the United States on Part IX, volum (A), line 71 " Yes," complete Schedule J         22         X           24         Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization barve at two-eventy bond issue with an outstanding principal amount of more than 510,000 as of the last day of the year, hat was issued after Docember 31, 2002? II "Yes," answe lines 24b fbrough 24 and complete Schedule J         24a         X           240         Did the organization mean any proceeds of tax-eventy bonds beyond a temporary period exception?         24a         X           240         Did the organization mean any structure during the year 1 defease any tax overang bonds?         24d         X           25         Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?         24d         X           25         Did the organization avea tax eventy 10 rods. Complete Schedule L, Part I         25a         X           26         Was a loan or tory a complete Schedule L, Part I         25a         X           26         Was a loan or tory a complete Schedule L, Part II         25b         X <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
22       Del the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Pars I and III       22       X         23       Did the organization answer 'Yes' to Part IVI, Section A, line 3, 4, or 5 about compensated employees? If 'Yes,' complete Schedule J       23       X         24       Did the organization have a tax-exempt bond issue with an cutatanding principal amount of more than \$10,000 as of the last day of the yan; that was elsued after December 31, 2002? If 'Yes,' complete Schedule A, If 'No', go to line 25       24       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24         D Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24       24         D Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24       24         C Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24       24         D Dd the organization acts an 'on behalf of' issuer for bonds outstanding at any time during the year?       24       25         Z Saction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not bean epoted on any of the organization argune of the organization argune the of the organization argune the of the organization argune the of the organization stay and the organization argune the of the organization	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), line 21 If Yes,* complete Schedule I, Parts I and III     22     X       23 Did the organization answer Yes* to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation employees? If Yes,* complete Schedule J     23     X       24 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 J. If 'No', yoo time 25.     24a     X       b Did the organization naintian an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds?     24d     24d       c Did the organization aware that if engaged in an excess benefit transaction with a disqualified person during the year 1/f 'Yes.* complete Schedule L, Part I     25a     X       25 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, ordinguelle person outstanding as of the enginization's prior Forms 990 or 90-622/ If 'Yes,* complete Schedule L, Part I     25b     X       7 Did the organization aware that if 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 90-622/ If 'Yes,* complete Schedule L, Part I     25b     X       7 Did the organization aware that is engaged in an excess benefit transaction with a engined or any of the organization's prior Forms 990 or 90-622/ If 'Yes,* complete Schedule L, Part I     25b     X			21		X
and former officers, frustees, key employees, and highest compensated employees? If 'Yes,' complete     23     X       24a     Dd 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 line 24b through 24d and complete Schedule I, I'No', go to line 25     24a     X       2 bd the organization invost any proceeds of tax-exempt bonds beyond a temporary pariod exception?     24b     24b       2 bd the organization and an escrow account other than a refunding escrow at any time during the year?     24d     24d       2 bd the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     24d     24d       2 bd the organization act at an 'on behalf of' issuer for bonds outstanding at any time during the year?     24d     25a       2 bd sthe organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I     25a     X       2 bd was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as oth end of the organization ory of a many or these parsons? If 'Yes,' complete Schedule L, Part II'     25b     X       2 bd the organization provide a grant or other assistance to an or officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding a party to a business transaction with an officer, director, trustee, key employee? If 'Yes,' complete Schedule L, Part IV     26b     X	22		22		x
Schedule J       23       X         24a Did the organization have a tax exempt bond issue with an outstanding pricipal 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 25       X         24a Did the organization mixes any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization regare in an excess benefit transaction with a disqualified person during the year?       24d       24d         25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization sing are an excess benefit transaction with a disqualified person during the year?       24d       25a         25a Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person during the end of the organization's any of the organization's any of the organization's any of the organization's any of the sected sected be. J. Part I       25b       X         27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thread, a grant selection committee member or to a 23% controlled artity or family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         280 Ub the organization is exerced town? If 'Yes,' complete Schedule L, Part IV       28b       X         280 Ub the organization a party to a business transaction with	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 24 and complete Schedule I, I' No', go to line 25       24a       X         b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary poriod exception?       24b       24b       24b         c Did the organization analtain an escrow account other than a refunding escrow at any time during the year?       24d       24d         25a       Section 501(c)(3) and 501(c)(4) organization. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       24d       25a         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization reprice the reganization reprice any of 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 bene reported on any of the organization spice Forms 990 or 900 E22? If 'Yes,' complete Schedule L, Part I       25b       X         26       Was a toan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or dispulling person outstanding as of the end of the organization's axy sear? II 'Yes,' complete Schedule L, Part II       26a       X         27       Dd the organization a party to a business transaction with ne of the following parties (see Schedule L, Part IV       28a       X         28       Acurent or former officer, director, trustee, or key empl					
is tay 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 25     X       b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b       c Did the organization mixest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds?     24d       d Did the organization act as an 'on behalf of' issue for bonds outstanding at any time during the year?     24d       25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     25a       25w Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization is prior Forms 990 or 90-627? If "Yes," complete Schedule L, Part I     25b       27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors for applicable fully therefold, grant assistance to an officer, director, trustee, key employee, substantial contributions for applicable fully therefolds, conditions, and exceptions?     27       28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part I/ instructions for applicable were than \$25.500 in non cash contributions?     28a     X       28 Did the organization receive contributions of art, historical trassures, or other similar assets, or qualified conservation contributions?     28a     X       29 Did the organization receive contributions of art			23	X	
Schedule K. If 'No', go to line 25       24       X         b Did the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception?       24       24         c Did the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception?       24       24         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 is prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I       25a       X         26       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year, and that the transaction de a grant or other assistance to an officer, director, trustee, we ymployee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27       Was the organization anyer by to a buinses transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization provent or Indirect owner officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         28       A current or former officer, direct	24a				
b       Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       240         c       Did the organization maintain an ecrow account other than a refunding escrow at any time during the year to defease any tax-sempt bonds?       240         d       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       240         253       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       240         254       X       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?       250       X         256       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person during the end of the organization tax year?       250       X         27       Did the organization targe is a grant selection committee member, or to a 35% controlled entily or family member of a upret of these persons??       7       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I/V instructions for applicable filing methods, conditions, and exceptions):       a       A       280       X         29       Did the organization receive contributions of an historical trassuers, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part I/V			24a		x
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year /?       24c         26a       Xet       24d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year /?       25a         25b       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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       25a       X         26       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person wind a gart of the end of the organization is xx year? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or tother assistance to an officer, director, trustee, key employee, bubstantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV       28a       X         28       Was the organization rocker or indirect owner If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization rocker or indirect owner officer, director, trustee, or key employee (r 4res)," complete Schedule L, Part IV       28a       X         29       Did the organization rocker or indirect ow	b	-			
arry tax-exempt bonds?     24c       d Did the organization act as n "on behalf of" issuer for bonds outstanding at any time during the year?     24c       25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I     25a       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 900 or 900 EZ7 If "Yes," complete Schedule L, Part I     25b     X       26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II     26     X       27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II     27     X       28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):     a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M     29     X       29 Did the organization sell, exchange, dispose of, or trans					
d Did the organization act as an 'on behalf off' issuer for bonds outstanding at any time during the year?       24d         25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'res,' complete Schedule L, Part I       25a         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       25b       X         26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outing as of the end of the organization is tax year? If 'Yes,' complete Schedule L, Part II       26       X         27 Did the organization provide a grant or tother assistance to an officer, director, trustee, key employee, bubstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'res,' complete Schedule L, Part IV       27       X         28 Was the organization a party to a bubstess transaction with one of the following parties (see Schedule L, Part IV       28a       X         29 Did the organization receive contributions of art, historical treasures, or otkey employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a	-		24c		
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If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity?       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       Did the organizations. Did the organization make any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?       37       X	30	- · · · · · · · · · · · · · · · · · · ·	30		х
<ul> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete Schedule N, Part II</li> <li>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</li> <li>34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and V, line 1</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b 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</li> <li>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</li> <li>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</li> <li>37 X</li> </ul>	31				
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			37		Х
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011)

132004 01-23-12

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		
4-	Enter the number reported in Box 3 of Form 1096 Enter $0$ if not applicable $1a$		Yes	No
-				
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Za	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.0		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
ام	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
e f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualined intellectual property, did the organization life rorm observation file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b				
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	· · · · · · · · · · · · · · · · · · ·	13a		
Ŀ.	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c			
		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	in they have a form the to report more payments; in they provide an explanation in conclude of		<b>990</b> (	(2011)

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Form 990 (2011)

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Form 990 (2011)	)
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06-1513687 Page 6

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

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

X

YNHNETW1

Sec	tion A. Governing Body and Management						
			11		Yes	No	
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	<u> </u>				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	46	10				
b	Enter the number of voting members included in line 1a, above, who are independent	1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			•	Х		
•	officer, director, trustee, or key employee?			2			
3	Did the organization delegate control over management duties customarily performed by or under t			_		x	
	of officers, directors, or trustees, or key employees to a management company or other person?			3 4		X	
4	Did the organization make any significant changes to its governing documents since the prior Form			4 5		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5 6	x		
<ul><li>6 Did the organization have members or stockholders?</li><li>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or</li></ul>							
<ul><li>more members of the governing body?</li><li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or</li></ul>							
D				7b	х		
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hy th	ne following:	70	л		
8				8a	х		
	a The governing body?						
<ul> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>a have any afficen director tructee, an law ampleure listed in Part VII. Section A who connect he mached at the</li> </ul>							
<ul> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O</li> </ul>							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I		e Code )	9		X	
000		levena	00000./		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such of			104		<u> </u>	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
11a	<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			11a	X		
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13						
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done			12c	х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approv						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official			15a		Х	
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	anizatio	on's				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) a	availab	le		
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website I Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, an	d finar	ncial		
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	ords of the organiza	tion: 🕨	•		
	VINCENT TAMMARO - 203-688-2069						
13200	789 HOWARD AVE , NEW HAVEN, CT 06519			-	000	(00.1.1)	
01-23-				Form	990 (	(2011)	
	б						

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII X Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees X

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Interportation     Interportation     Interportation     Interportation     Interportation       hours for related organizations     interportation     interport	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (describe hours for related organizations (i) JORN L. LAHBY 	Name and Title	Average	(dc	Position		Reportable	Estimated				
Week (describe hours for related organizations in ScheduleWeek (describe hours for related organization gradiants in ScheduleTom the organization gradiants gradiants gradiants gradiants gradiants gradiants gradiants gradiantsTom the organization gradiants gradiants gradiants gradiants gradiants gradiantsTom the organization gradiants gradiants gradiants gradiantsTom the organization gradiants gradiants gradiantsTom the organization gradiants gradiantsTom the organization gradiants gradiants gradiantsTom the organization gradiants gradiantsTom the organization gradiants gradiantsTom the organization gradiants gradiants gradiantsTom the organization gradiants gradiants gradiantsTom the organization gradiants gradiants gradiants gradiantsTom the organization gradiants gradiants gradiants gradiants gradiantsTom the organization gradiants gradiants gradiants gradiants gradiants gradiantsTom the organization gradiants gradiants gradiants gradiants gradiantsTom the organization gradiants gradiants gradiants gradiantsTom the organization gradiants gradiantsTom the organization gradiants gradiantsTom the organization gradiants gradiantsTom the the organization gradiantsTom the gradiantsTom the the the organization gradiantsTom the the the the the the the the the the the <b< td=""><td></td><td>hours per</td><td>box</td><td>, unle</td><td>ss pe</td><td>rson</td><td>is bot</td><td>h an</td><td colspan="2">compensation compensation</td><td>amount of</td></b<>		hours per	box	, unle	ss pe	rson	is bot	h an	compensation compensation		amount of
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In Schedule O)         Note of the second secon		`	rector							, , , , , , , , , , , , , , , , , , ,	
In Schedule O)         Note of the second secon			or di	ee			ated			(W-2/1099-MISC)	
In Schedule O)         Note of the second secon			ustee	trust		æ	bens		(W-2/1099-MISC)		<b>v</b>
(1) JOHN L. LAHEY       I.00 X       0. 0. 0. 0.         DIRECTOR       1.00 X       0. 0. 0. 0.         (2) JOSEPH R. CRESPO       I.00 X       X       0. 0. 0. 0.         CHAIRMAN       1.00 X       X       0. 0. 0. 0.       0.         (3) JULIA M. MCNAMARA       I.00 X       X       0. 0. 0. 0.       0.         (4) MARA P. BORGSTROM       I.00 X       X       0. 0. 0. 0.       0.         PRES. & CEO       1.00 X       X       0. 0. 0. 0.       0.         (5) MARVIN K. LENDER       I.00 X       0. 0. 0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.       0.         DIRECTO			lual tr	tional		loy	st con yee				
(1) JOHN L. LAHEY       I.00 X       0. 0. 0. 0.         DIRECTOR       1.00 X       0. 0. 0. 0.         (2) JOSEPH R. CRESPO       I.00 X       X       0. 0. 0. 0.         CHAIRMAN       1.00 X       X       0. 0. 0. 0.       0.         (3) JULIA M. MCNAMARA       I.00 X       X       0. 0. 0. 0.       0.         (4) MARA P. BORGSTROM       I.00 X       X       0. 0. 0. 0.       0.         PRES. & CEO       1.00 X       X       0. 0. 0. 0.       0.         (5) MARVIN K. LENDER       I.00 X       0. 0. 0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.       0.       0.         DIRECTO			ndivic	nstitu	Officer	(ey en	Highes	orme			organizationo
(2) JOSEPH R. CRESPO       1.00 X       X       0.       0.       0.         (3) JULIA M. MCNAMARA       1.00 X       X       0.       0.       0.       0.         (3) JULIA M. MCNAMARA       1.00 X       X       0.       0.       0.       0.         (4) MARNA P. BORGSTROM       1.00 X       X       0.       0.       0.       0.         (5) MARVIN K. LENDER       1.00 X       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         (6) MICHAEL H. FLYNN       1.00 X       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.	(1) JOHN L. LAHEY			<u> </u>				-			
CHAIRMAN         1.00 X         X         0.         0.         0.           (3) JULIA M. MCNAMARA         1.00 X         X         0.         0.         0.           (4) MARNA P. BORGSTROM         PRES. & CBO         1.00 X         X         0.         0.         0.           (4) MARNA P. BORGSTROM         PRES. & CBO         1.00 X         X         0.         0.         0.           (5) MARVIN K. LENDER         1.00 X         0.         0.         0.         0.         0.           DIRECTOR         1.00 X         0.         0.         0.         0.         0.           (6) MICHAEL H. FLYNN         1.00 X         0.         0.         0.         0.         0.           DIRECTOR         1.00 X         0.         0.         0.         0.         0.           01RECTOR         1.00 X         0.         0.         0.         0.	DIRECTOR	1.00	x						0.	0.	0.
(3) JULIA M. MCNAMARA       1.00 X       X       0.       0.       0.         (4) MARNA P. BORGSTROM       PRES. & CEO       1.00 X       X       0.       0.       0.       0.         PRES. & CEO       1.00 X       X       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       X       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         (1) PETTON R. PATTERSON       1.00 X       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         (10) ROBERT A. HAVERSAT	(2) JOSEPH R. CRESPO										
VICE CHAIR         1.00         X         X         0.         0.         0.           (4) MARNA P. BORGSTROM         PRES. & CEO         1.00         X         X         0.         2,073,978.         626,750.           (5)         MARVIN K. LENDER         DIRECTOR         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           OK         1.00         X         0.         0.         0.         0.         0.           (8)         PEYTON R. PATTERSON         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.         0.           (10) ROBERT A. HAVERSAT         1.00         X         0.         0. </td <td>CHAIRMAN</td> <td>1.00</td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	CHAIRMAN	1.00	Х		Х				0.	0.	0.
(4) MARNA P. BORGSTROM       1.00 X       X       0. 2,073,978.       626,750.         (5) MARVIN K. LENDER       1.00 X       0. 0. 0. 0.       0. 0.         DIRECTOR       1.00 X       0. 0. 0. 0.       0.         (6) MICHAEL H. FLYNN       1.00 X       0. 0. 0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.         (7) VINCENT CALARCO       0. 0. 0.       0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.         (8) PEYTON R. PATTERSON       1.00 X       0. 0. 0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.         (9) RICHARD C. LEVIN       1.00 X       0. 0.       0.       0.         DIRECTOR       1.00 X       0. 0.       0.       0.       0.         (10) ROBERT A. HAVERSAT       SECRETARY       1.00 X       0. 0.       0.       0.         (11) MARY FARRELL       1.00 X       0. 0.       0.       0.       0.       0.         (12) JAMES M. STATEN       1.00 X       0. 1,065,364.       323,317.       0.       1.00 X       0.       0.       1.065,364.       323,317.         (13) D	(3) JULIA M. MCNAMARA										
PRES. & CEO         1.00 X         X         0.2,073,978.626,750.           (5) MARVIN K. LENDER         DIRECTOR         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	VICE CHAIR	1.00	Х		Х				0.	0.	0.
(5) MARVIN K. LENDER       1.00 X       0. 0. 0. 0.         DIRECTOR       1.00 X       0. 0. 0. 0.         (6) MICHAEL H. FLYNN       1.00 X       0. 0. 0.         DIRECTOR       1.00 X       0. 0. 0.         (7) VINCENT CALARCO       0. 0. 0.       0.         DIRECTOR       1.00 X       0. 0. 0.         (8) PEYTON R. PATTERSON       0. 0. 0.       0.         DIRECTOR       1.00 X       0. 0. 0.         (9) RICHARD C. LEVIN       0. 0. 0.       0.         DIRECTOR       1.00 X       0. 0. 0.         (10) ROBERT A. HAVERSAT       0. 0. 0.       0.         SECRETARY       1.00 X       0. 0. 0.       0.         (11) MARY FARRELL       1.00 X       0. 0. 0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.         (12) JAMES M. STATEN       1.00 X       0. 1.065.364.       323.317.         TREASURER/SR. VP       1.00 X       0. 462.112.       260.075.         (14) KEVIN A. MYATT       SR. VP       1.00 X       0. 738.882.       236.882.	(4) MARNA P. BORGSTROM										
DIRECTOR         1.00 X         0.0.0.0.           (6) MICHAEL H. FLYNN         DIRECTOR         0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	PRES. & CEO	1.00	Х		Х				0.	2,073,978.	626,750.
(6) MICHAEL H. FLYNN       1.00 X       0.0.0.0.         DIRECTOR       1.00 X       0.0.0.0.         (7) VINCENT CALARCO       0.0.0.0.0.0.0.         DIRECTOR       1.00 X       0.0.0.0.0.         (8) PEYTON R. PATTERSON       0.0.0.0.0.0.0.         DIRECTOR       1.00 X       0.0.0.0.0.         (9) RICHARD C. LEVIN       0.0.0.0.0.0.0.0.         DIRECTOR       1.00 X       0.0.0.0.0.0.0.         (10) ROBERT A. HAVERSAT       0.0.0.0.0.0.0.0.0.0.0.0.         SECRETARY       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(5) MARVIN K. LENDER										
DIRECTOR         1.00 X         0.0.0.0.           (7) VINCENT CALARCO         1.00 X         0.0.0.0.           DIRECTOR         1.00 X         0.0.0.0.           (8) PEYTON R. PATTERSON         0.0.0.0.0.           DIRECTOR         1.00 X         0.0.0.0.           (9) RICHARD C. LEVIN         0.0.0.0.0.           DIRECTOR         1.00 X         0.0.0.0.           (10) ROBERT A. HAVERSAT         0.0.0.0.0.           SECRETARY         1.00 X         0.0.0.0.           (11) MARY FARRELL         0.0.0.0.0.           DIRECTOR         1.00 X         0.0.0.0.           (12) JAMES M. STATEN         0.0.0.0.           TREASURER/SR. VP         1.00 X         0.1,065,364.323,317.           (13) DANIEL BARCHI         0.462,112.260,075.           SR. VP         1.00 X         0.462,112.260,075.           (14) KEVIN A. MYATT         0.738,882.236,882.	DIRECTOR	1.00	Х						0.	0.	0.
(7) VINCENT CALARCO       1.00 X       0.0.0.0.         DIRECTOR       1.00 X       0.0.0.0.         (8) PEYTON R. PATTERSON       0.0.0.0.0.         DIRECTOR       1.00 X       0.0.0.0.         (9) RICHARD C. LEVIN       0.0.0.0.0.0.         DIRECTOR       1.00 X       0.0.0.0.0.         (10) ROBERT A. HAVERSAT       0.0.0.0.0.0.         SECRETARY       1.00 X       X       0.0.0.0.0.         (11) MARY FARRELL       0.0.0.0.0.       0.0.0.0.         DIRECTOR       1.00 X       X       0.0.0.0.0.         (12) JAMES M. STATEN       0.0.0.0.0.       0.0.0.0.0.         TREASURER/SR. VP       1.00 X       0.0.1,065,364.323,317.         (13) DANIEL BARCHI       X       0.462,112.260,075.         SR. VP       1.00 X       0.0.738,882.236,882.	(6) MICHAEL H. FLYNN										
DIRECTOR         1.00 X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR	1.00	Х						0.	0.	0.
(8) PEYTON R. PATTERSON       1.00 X       0. 0. 0.         DIRECTOR       1.00 X       0. 0. 0.         (9) RICHARD C. LEVIN       0. 0. 0.       0. 0.         DIRECTOR       1.00 X       0. 0. 0.         (10) ROBERT A. HAVERSAT       0. 0. 0.       0. 0.         SECRETARY       1.00 X       X       0. 0. 0.         (11) MARY FARRELL       1.00 X       X       0. 0. 0.         DIRECTOR       1.00 X       0. 0. 0.       0.         (11) MARY FARRELL       1.00 X       0. 0. 0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.         (12) JAMES M. STATEN       1.00 X       0. 1,065,364. 323,317.       0.         (13) DANIEL BARCHI       1.00 X       0. 462,112. 260,075.       0.         (14) KEVIN A. MYATT       1.00 X       0. 738,882. 236,882.	(7) VINCENT CALARCO										
DIRECTOR       1.00 X       0.       0.       0.       0.         (9) RICHARD C. LEVIN       1.00 X       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         (10) ROBERT A. HAVERSAT       SECRETARY       1.00 X       X       0.       0.       0.       0.         (11) MARY FARRELL       I.00 X       X       0.       0.       0.       0.       0.         (11) MARY FARRELL       I.00 X       0.       0.       0.       0.       0.       0.         (12) JAMES M. STATEN       I.00 X       0.       0.       1.065,364.       323,317.         (13) DANIEL BARCHI       SR. VP       I.00 X       0.       0.       462,112.       260,075.         (14) KEVIN A. MYATT       SR. VP       1.00 X       0.       0.       738,882.       236,882.	DIRECTOR	1.00	Х						0.	0.	0.
(9) RICHARD C. LEVIN       1.00 X       0.       0.       0.       0.         DIRECTOR       1.00 X       X       0.       0.       0.       0.         (10) ROBERT A. HAVERSAT       320.       0.       0.       0.       0.       0.         SECRETARY       1.00 X       X       0.       0.       0.       0.       0.         (11) MARY FARRELL       1.00 X       X       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       X       0.       0.       0.       0.       0.         (12) JAMES M. STATEN       1.00 X       X       0.       1.065,364.       323,317.         (13) DANIEL BARCHI       1.00 X       0.       0.       462,112.       260,075.         (14) KEVIN A. MYATT       1.00 X       0.       0.       738,882.       236,882.	(8) PEYTON R. PATTERSON										
DIRECTOR       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR	1.00	X						0.	0.	0.
(10) ROBERT A. HAVERSAT       1.00 X X       X       0. 0. 0.         SECRETARY       1.00 X       X       0. 0. 0.       0.         (11) MARY FARRELL       1.00 X       0. 0. 0.       0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.       0.       0.         (12) JAMES M. STATEN       1.00 X       0. 1,065,364.       323,317.         TREASURER/SR. VP       1.00 X       0. 462,112.       260,075.         (13) DANIEL BARCHI       1.00 X       0. 738,882.       236,882.         SR. VP       1.00 X       0. 738,882.       236,882.	(9) RICHARD C. LEVIN										
SECRETARY       1.00 X       X       0.       0.       0.         (11) MARY FARRELL       1.00 X       0.       0.       0.       0.       0.         DIRECTOR       1.00 X       0.       0.       0.       0.       0.       0.         (12) JAMES M. STATEN       1.00 X       0.       0.       1,065,364.       323,317.         TREASURER/SR. VP       1.00 X       0.       0.       462,112.       260,075.         (13) DANIEL BARCHI       .       .       0.       462,112.       260,075.         SR. VP       1.00 X       .       0.       738,882.       236,882.	DIRECTOR	1.00	X						0.	0.	0.
(11) MARY FARRELL       1.00 X       0. 0. 0. 0.         DIRECTOR       1.00 X       0. 1,065,364. 323,317.         (12) JAMES M. STATEN       1.00 X       0. 1,065,364. 323,317.         TREASURER/SR. VP       1.00 X       0. 462,112. 260,075.         SR. VP       1.00 X       0. 738,882. 236,882.	(10) ROBERT A. HAVERSAT										
DIRECTOR       1.00 X       0. 0. 0. 0.         (12) JAMES M. STATEN       1.00 X       0. 1,065,364. 323,317.         TREASURER/SR. VP       1.00 X       0. 462,112. 260,075.         (13) DANIEL BARCHI       0. 462,112. 260,075.         SR. VP       1.00 X       0. 738,882. 236,882.	SECRETARY	1.00	X		Х				0.	0.	0.
(12) JAMES M. STATEN       1.00       X       0. 1,065,364. 323,317.         TREASURER/SR. VP       1.00       X       0. 462,112. 260,075.         (13) DANIEL BARCHI       X       0. 462,112. 260,075.         SR. VP       1.00       X       0. 738,882. 236,882.	(11) MARY FARRELL										_
TREASURER/SR. VP       1.00       X       0.       1,065,364.       323,317.         (13) DANIEL BARCHI       I.00       X       0.       462,112.       260,075.         SR. VP       I.00       X       0.       738,882.       236,882.		1.00	Х						0.	0.	0.
(13) DANIEL BARCHI       1.00       X       0.       462,112.       260,075.         SR. VP       1.00       X       0.       738,882.       236,882.         SR. VP       1.00       X       0.       738,882.       236,882.											
SR. VP       1.00       X       0.       462,112.       260,075.         (14) KEVIN A. MYATT       1.00       X       0.       738,882.       236,882.		1.00			Х				0.	1,065,364.	323,317.
(14) KEVIN A. MYATT SR. VP 1.00 X 0. 738,882. 236,882.											
SR. VP 1.00 X 0. 738,882. 236,882.		1.00			Х				0.	462,112.	260,075.
(15) KEVIN F. WALSH		1.00			Х				0.	738,882.	236,882.
VP 1.00 X 0. 411,412. 146,885.		1.00			Х				0.	411,412.	146,885.
(16) PATRICIA S. FITZSIMONS		1									10
SR. VP 1.00 X 0. 707,478. 57,513.		1.00			X				0.	707,478.	57,513.
(17) PATRICK M. LUDDY		1 00								1 000 000	
VP 1.00 X 0. 1,296,608. 78,673.	VP	1.00			Х				0.		78,673.

132007 01-23-12

09400812 793225 YNHNETWORK

2011.05000 YNH NETWORK CORPORATION

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Form **990** (2011) **YNHNETW1** 

## Form 990 (2011)

## YNH NETWORK CORPORATION

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B) (C)				(D)	(E)		(F)				
Name and title	Average	ge Position (do not check more than one		Reportable	Reportable		Estima	ted				
	hours per	box	, unle	ss pe	rson	is botl	n an	compensation	compensation		amoun	t of
	week		cer an	u a u	recic	or/trus	lee)	from	from related		othe	
	(describe hours for	recto						the	organizations		ompens	
	related	ordi	ee			sated		organization	(W-2/1099-MISC		from t	
	organizations	rustee	trust		e	npens		(W-2/1099-MISC)			organiza and rela	
	in Schedule	dual ti	tiona		loy	st co r yee	-				organiza	
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) PETER N. HERBERT, MD					-							
CHF.OF STAFF	1.00			х				0.	1,604,613	3.	35,9	999.
(19) RICHARD D'AQUILA												
EXEC VP & COO	1.00			Х				0.	1,269,670	). 3	364,7	<u>715.</u>
(20) STEPHEN M. MERZ	1 00								202 012		110	
	1.00			Х				0.	323,913	5.	L18,9	980.
(21) THOMAS D. LEARY VP	1.00			x				0.	414,349	<b>a</b>   1	L52,7	781
(22) VINCENT PETRINI	1.00			A				0.	===,5=;	/•	LJ2,	01.
SR. VP	1.00			x				0.	482,814	1. 1	L49,5	559.
(23) WILLIAM J. ASELTYNE									102/02			
VP	1.00			х				0.	636,515	5. 2	216,0	)17.
(24) THOMAS BALCEZAK												
VP	1.00			X				0.	474,359	). 1	L55,6	538.
(25) PAUL PATTON	1 00								440.000			
VP	1.00			Х				0.	448,269	<b>'</b> •	L50,6	00/.
1b Sub-total								0.	12410336	5.	3,074	,454.
c Total from continuation sheets to Part VI	I. Section A					6		0.		).		0.
d Total (add lines 1b and 1c)						6		0.	12410336	5.	3,074	,454.
2 Total number of individuals (including but n						e) wh	no r	eceived more than \$100	.000 of reportable			<u>.</u>
compensation from the organization						,			, ,			0
											Yes	No
3 Did the organization list any <b>former</b> officer,	director, or tru	ustee	e, ke	v er	nplc	ovee,	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s								<b>č</b>			3	X
4 For any individual listed on line 1a, is the su	im of reportab											
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .				!	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-								· · · · ·	ensatio	on from	
the organization. Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	Itnir		/ear.		(0)	
(A) Name and business	address	N	ONE	2				<b>(B)</b> Description of s	ervices	Com	(C) npensati	on
				_				•			•	
							$\dashv$					
2 Total number of independent contractors (i	e e	ot lii	mite	d to		~	stec	d above) who received m	ore than			
\$100,000 of compensation from the organiz	zation 🕨					0				Fo	rm <b>990</b>	(2011)
										.0		()

132008 01-23-12

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Form 99			_		NET
Part	Stat	emen	t of	Rev	enue

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					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1c           1d           ions)         1e           ts, and         1					
Contrib and Ot	-	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f: \$	••••				
Program Service Revenue	2a b c d e f	All other program service reve		Business Code				
		Total. Add lines 2a-2f						
	3 4	Investment income (including other similar amounts) Income from investment of ta:	dividends, intere	est, and	508.			508.
	5	Royalties		►				
٥	6 a b	Gross rents Less: rental expenses	(i) Real	(ii) Personal				
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	g events (not	····· •				
Other Revenu		including \$ contributions reported on line Part IV, line 18 Less: direct expenses	a					
	9 a	Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	otivities. See a	······				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less and allowances	returns a					
ļ		Less: cost of goods sold Net income or (loss) from sale	s of inventory					
ŀ	11 a	Miscellaneous Revenu		Business Code				
	li a b							<b></b>
	c							
	d	All other revenue						
		Total. Add lines 11a-11d			F 0 0			FAA
13200 01-23-	9 12	Total revenue. See instructions.		►	508.	0.	0.	508 • Form <b>990</b> (2011)

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YNHNETW1

## YNH NETWORK CORPORATION 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) but are not required to complete columns (B), (C), and (D).

comp	blete columns (B), (C), and (D).				
	Check if Schedule O contains a respon				<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions) $\dots$				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b		60,144.		60,144.	
C In	Accounting	00,144.		00,144.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
' g	Other	3,993.		3,993.	
12	Advertising and promotion	- ,		.,	
13	Office expenses	16,405.		16,405.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates Depreciation, depletion, and amortization				
22 23	Insurance				
23 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.)				
а	SYSTEM SUPPORT	20,048.		20,048.	
b					
с					
d					
е	· · · · · · · · · · · · · · · · · · ·	100 500		100 500	
25	Total functional expenses. Add lines 1 through 24e	100,590.	0.	100,590.	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 $\blacktriangleright$ if following SOP 98-2 (ASC 958-720)				
1320.1	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)
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Form 990 (2011)

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Form 990 (2011)	YNH	NETWORK	CORPORATION	
Part X Balance Sheet				
				(A)

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	945,915.	1	243,537.
	2	Savings and temporary cash investments	,	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	_	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	9,356,135.	14	0 266 955
	15	Other assets. See Part IV, line 11	10,302,050.	15	9,366,855. 9,610,392.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	83,582.		84,463.
	17	Accounts payable and accrued expenses	05,502.	17	04,403.
	18	Grants payable		18	
	19	Deferred revenue		19 20	
	20	Tax-exempt bond liabilities		20 21	
ties	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees,		21	
Liabilities	~~	highest compensated employees, and disqualified persons. Complete Part II			
Lia				22	
	23	or Schedule L 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		25	
	26	Total liabilities. Add lines 17 through 25	83,582.	26	84,463.
		Organizations that follow SFAS 117, check here 🕨 🐰 and complete			
Se		lines 27 through 29, and lines 33 and 34.			
ŭ	27	Unrestricted net assets	10,218,468.	27	9,525,929.
3ale	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here 🕨 🗌 and			
o		complete lines 30 through 34.			
iets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let	32	Retained earnings, endowment, accumulated income, or other funds	10 010 100	32	
2	33	Total net assets or fund balances	10,218,468.	33	9,525,929.
	34	Total liabilities and net assets/fund balances	10,302,050.	34	9,610,392.

Form **990** (2011)

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2011.05000 YNH NETWORK CORPORATION

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Form 990 (2011) YNH NETWORK CORPORATION 06-15136					ge <b>12</b>		
Ра	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>08.</u> 90.		
2							
3	Revenue less expenses. Subtract line 2 from line 1	3	-100				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,218 -592				
5	5 Other changes in net assets or fund balances (explain in Schedule O) 5						
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 9, !							
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:				ĺ		
	Separate basis X Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			1		
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.						
			<b>_ (</b>		0011)		

Form **990** (2011)

09400812 793225 YNHNETWORK

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.

Department of the Treasury 4947(a)(1) nonexempt charitable trust. Open to Public Internal Revenue Service										
			tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instruction			Inspection
Name of t	the organizati									identification number
Death	Deserve		WORK CORPORA							6-1513687
Part I			<b>ity Status</b> (All organiz					ctions	i.	
			because it is: (For lines	-		•	-			
1			s, or association of chur			ection 170	(b)(1)(A)(i).			
2			0(b)(1)(A)(ii). (Attach Sc							
3			tal service organization							
4 📖		-	operated in conjunction	with a hos	spital desc	ribed in <b>se</b>	ection 170(b	)(1)(A)	(III). Enter 1	the hospital's name,
	city, and stat									a al lia
5 📖	0	•	benefit of a college or u	niversity o	wnea or op	perated by	/ a governme	ental u	nit describ	ed in
<b>c</b>		(b)(1)(A)(iv). (Comple		4l		470/1-)//				
6			ent or governmental uni							an de Barral e a colle a al Sa
7 📖			eives a substantial part	of its supp	port from a	governme	ental unit or i	rom tr	ie general	public described in
8		b)(1)(A)(vi). (Completed in a	ection 170(b)(1)(A)(vi).	Complete	Dort II )					
9 🗌						rom contri	ibutions mo	nhore	hin foos a	nd gross receipts from
3	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from									
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
	See section 509(a)(2). (Complete Part III.)									
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
11 X										
			tions described in secti							
			organization and compl				-,			
	a X Type				e III - Func		tegrated		d	] Type III - Other
еX	• •		t the organization is not	• •		•	-	nore d	isqualified	
	foundation m	anagers and other th	han one or more publicly	y supporte	ed organiza	ations des	cribed in sec	tion 5	09(a)(1) or	section 509(a)(2).
f			ten determination from							
	supporting o	rganization, check th	iis box							
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontributior	n from any	of the follow	ing pe	ersons?	
	(i) A perso	n who directly or indi	irectly controls, either al	lone or tog	ether with	persons o	described in	(ii) anc	i (iii) below	
	the gove	erning body of the su	upported organization?							
	(ii) A family	member of a person	described in (i) above?	•						11g(ii) X
	(iii) A 35% (	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii) X
h	Provide the f	ollowing information	about the supported or	ganization	(s).					
			(!!!) Turne of	1					1	
	of supported	(ii) EIN	(iii) Type of organization				u notify the	rganizá	Is the tion in col.	(vii) Amount of
orga	anization		(described on lines 1-9		sted in your document?		tion in col. (i r support?	) orgar	ized in the .S.?	support
			above or IRC section (see instructions))	· ·		Yes				
YALE-	NITEIN			Yes	No	res	No	Yes	No	
		06-0646652	3	x						0.
	1109111	00-0040032	J				+			<u>U •</u>
				1	1					

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LHA For Paperwork Reduction Act Notice, see the Instructions for

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Form 990 or 990-EZ.

Total

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2011.05000 YNH NETWORK CORPORATION

Schedule A (Form 990 or 990-EZ) 2011

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OMB No. 1545-0047

13

### Schedule A (Form 990 or 990-EZ) 2011

Concario	
Part II	Supp

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
-	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	(,		(0,2000		(0) = 0 + 1	(1) 10101
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	oto (soo instructi	l ions)			12	
	First five years. If the Form 990 is for			d fourth or fifth t			
10	organization, check this box and stop	-			-		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (			column (f))		14	%
	Public support percentage from 2010					15	%
	<b>33 1/3% support test - 2011.</b> If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the c						nis box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					•	
h	10% -facts-and-circumstances tes	-	-		-		
J	more, and if the organization meets the						
	organization meets the "facts-and-cire						Ź
12	Private foundation. If the organization						
10	i mate roundation. It the organizatio	T did fiot check a		a, 100, 17a, 01 171			IS

Schedule A (Form 990 or 990-EZ) 2011

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

YNHNETW1

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

<u>Se</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6							<u> </u>
	Total. Add lines 1 through 5						
10	3 received from disgualified persons						
t	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						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization'	s first, second. thi	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and <b>stop here</b>	•					
Se	ction C. Computation of Publ						
15	Public support percentage for 2011 (	line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2010	) Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	<b>)11</b> (line 10c, colu	mn (f) divided by li	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2011. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>)</b>
	23 01-24-12						0 or 990-EZ) 2011
				15			-

2011.05000 YNH NETWORK CORPORATION

#### (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

2011 Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization	TON		Employer identification number
De	YNH NETWORK CORPORAT			06-1513687
Pa	t I Organizations Maintaining Donor Advised F	unds or Other Similar Fund	IS OF A	ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writi	•		
-	are the organization's property, subject to the organization's exc			
6	Did the organization inform all grantees, donors, and donor advis			
	for charitable purposes and not for the benefit of the donor or do			
De	impermissible private benefit?			
Pa			Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization (			
	Preservation of land for public use (e.g., recreation or educ			Ily important land area
	Protection of natural habitat	Preservation of a ce	rtified hi	listoric structure
-	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	n of a co	onservation easement on the last
	day of the tax year.			
				Held at the End of the Tax Yea
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic structu			2c
d	Number of conservation easements included in (c) acquired after			
-	listed in the National Register			2d
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the	ne orgar	nization during the tax
	year			
4	Number of states where property subject to conservation easem		-	
5	Does the organization have a written policy regarding the periodi			Yes No.
~	violations, and enforcement of the conservation easements it ho			
6	Staff and volunteer hours devoted to monitoring, inspecting, and			
7	Amount of expenses incurred in monitoring, inspecting, and enfo			
8	Does each conservation easement reported on line 2(d) above sa	•		
~	and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports conservation e include, if applicable, the text of the footnote to the organization			
		s intaricial statements that describes	s the org	ganization's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of A	rt Historical Treasures or (	Other	Similar Assets
	Complete if the organization answered "Yes" to Form 990		o unor	
12	If the organization elected, as permitted under SFAS 116 (ASC 9		ment a	and balance sheet works of art
iu	historical treasures, or other similar assets held for public exhibit			
	the text of the footnote to its financial statements that describes			
h	If the organization elected, as permitted under SFAS 116 (ASC 9		nt and h	halance sheet works of art historic:
5	treasures, or other similar assets held for public exhibition, education			
	relating to these items:			since, provide the following amount
	(i) Revenues included in Form 990, Part VIII, line 1			⊅ ▲
	(ii) Assets included in Form 990, Part X			• • • <u></u>
2	If the organization received or held works of art, historical treasur			
£	the following amounts required to be reported under SFAS 116 (		a gan,	, provide
а	Revenues included in Form 990, Part VIII, line 1			► \$
a b	Assets included in Form 990, Part X			► Ψ
5				
ΙHΔ	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.		Schedule D (Form 990) 201
13205 01-23-	1			
01-23-	12	16		

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		WORK CORPO								7 Page <b>2</b>
Pa	t III Organizations Maintaining C	Collections of A	rt, Histori	cal Tr	easures, or	Other S	Similar <i>I</i>	Asset	<b>S</b> (cont	inued)
3	Using the organization's acquisition, access	ion, and other record	ds, check an	y of the	following that ar	re a signi	ficant use	of its c	collectio	n items
	(check all that apply):									
а	Public exhibition	d	I 🔛 Loai	n or exc	hange programs	6				
b	Scholarly research	e	e 🛄 Oth	er						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they f	urther t	he organization's	s exempt	t purpose	in Part	XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical trea	sures, or other s	similar as	sets			
	to be sold to raise funds rather than to be m							<u> L</u>	Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the org	anizatio	on answered "Ye	s" to For	m 990, Pa	art IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for con	tributior	ns or other asset	s not inc	luded		1	
	on Form 990, Part X?							∟	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table	e:		,				
									Amoun	t
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on F		21?					L	Yes	└── No
	If "Yes," explain the arrangement in Part XIV									
Pa	<b>t V</b> Endowment Funds. Complete						<b>T</b> 1	<u></u> .		
		(a) Current year	(b) Prior	year	(c) Two years ba	аск (d)	Three years	; back	(e) Four	r years back
1a	Beginning of year balance									
b	Contributions							$\rightarrow$		
	Net investment earnings, gains, and losses							$\rightarrow$		
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs							$\rightarrow$		
f	Administrative expenses							$\rightarrow$		
g	End of year balance		<i>"</i>		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	olumn (a	a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
0-	The percentages in lines 2a, 2b, and 2c should be the second seco									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e neid a	ind administered	a for the c	organizatio	m	I	Yes No
	by:								20(1)	Yes No
	(i) unrelated organizations								3a(i)	
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schodulo	 רם					3a(ii) 3b	
U A	Describe in Part XIV the intended uses of the								30	
Pa	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o	· · · ·		or other	(c) Accu	mulated		(d) Boo	k value
	Description of property	basis (investr			(other)	depred			( <b>u</b> ) D00	r value
19	Land	· · · · ·			· /					
	Buildings									
	Leasehold improvements							+		
	Equipment							+		
	Other							+		
	I. Add lines 1a through 1e. (Column (d) must e		X column (l	3) <i>line</i> 1	10(c))			.+		0.
Tota		iquari onni 000, i alt	,,	<i>-,</i> ,			Sch	edule	D (Form	1 990) 2011
							0011	Saare	- 1. 0.11	,

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17 2011.05000 YNH NETWORK CORPORATION

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Schedu	le D	(Form	990	) 201

# Schedule D (Form 990) 2011 YNH NETWORK CORPORATION Part VII Investments - Other Securities. See Form 990. Part X. line 12.

YNHNETW1

(a) Description of security or category	510111330, Fait A, 1		(c) Method of valuat	ion:
(including name of security)	(b) Book value	с	ost or end-of-year mark	
			,	
<ol> <li>(1) Financial derivatives</li> <li>(2) Closely-held equity interests</li> </ol>				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	e Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value	с	(c) Method of valuat ost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►				
Part IX Other Assets. See Form 990, Part X, line	15			
, , ,	Description			(b) Book value
(1) INVESTMENT YORK ENTERPRIS				3,181,678.
(1) INVESTMENT YNH ASC				5,553,844.
(3) INVESTMENT IN CHCP				18,231.
(4) DUE FROM YNHH-CURRENT				613,102.
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			<b>&gt;</b>	9,366,855.
Part X         Other Liabilities.         See Form 990, Part X,	line 25.			
1.         (a) Description of liability		(b) Book value	_	
(1) Federal income taxes			_	
(2)			_	
(3)			_	
(4)			_	
(5)			-	
<u>(6)</u>			-	
(7)(0)			-	
(8)				
			-	
(10)				
(11) Total. (Column (b) must equal Form 990, Part X, col (B) line	25)			
Fit 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to Fit 48 (ASC 740).	the organization's financia	statements that reports the orga	anization's liability for uncertain	tax positions under
2. FIN 48 (ASC 740). 132053 01-23-12			Scho	dule D (Form 990) 2011
		18	0016	

2011.05000 YNH NETWORK CORPORATION

Sche	dule D (Form 990) 2011 YNH NETWORK CORPORATION			06-3	1513687	Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audited	<b>Financial St</b>			0
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)					
3	Excess or (deficit) for the year. Subtract line 2 from line 1					
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8					
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and					
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue pe	er Return	1	
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:					
а	Net unrealized gains on investments	. 2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)					
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIV.)	. 4b				
С	Add lines 4a and 4b			4c		
5						
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem				rn	
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:	1 1				
а	Donated services and use of facilities			_		
b	Prior year adjustments			_		
	Other losses					
	Other (Describe in Part XIV.)					
е	Add lines 2a through 2d					
3	Subtract line <b>2e</b> from line <b>1</b>			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1				
	Investment expenses not included on Form 990, Part VIII, line 7b			_		
	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4b					
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5		
	TXIV Supplemental Information	111 Bara - 4				4. D. 1
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. IINES TA A	na 4: Part IV. lin	es ib and 2	2D: Part V. line	4: Part

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2011

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SC	HEDULE J	Compensation Information	(	OMB No.	1545-00	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2011			
		Compensated Employees Complete if the organization answered "Yes" to Form 990,		ZU		
Depa	tment of the Treasury	Part IV, line 23.	(	Open to		ic
	al Revenue Service		Inspe			
Nan	e of the organizatior		Employer iden			mber
		YNH NETWORK CORPORATION	06-151	L368	7	
Ра	rt I Questions	s Regarding Compensation				
					Yes	No
<b>1</b> a		ate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or cl	j j j				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	pending account Personal services (e.g., maid, chauffeur, c	net)			
<b>b</b>		na line de sus stastastastastastas fallena susitivas sultas astronomias asumantes				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		1b		
2		rovision of all of the expenses described above? If "No," complete Part III to explain In require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir				
2		EO/Executive Director, regarding the items checked in line 1a?		2		
	indstees, and the O			-		
3	Indicate which if an	y, of the following the filing organization used to establish the compensation of the organization	ation's			
Ŭ		ctor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director. Explain in Part III.				
	Compensation					
		ompensation consultant Compensation survey or study				
		her organizations Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rel					
а		e payment or change-of-control payment?		4a		Х
b	Participate in, or rec	eive payment from, a supplemental nonqualified retirement plan?		4b	Х	
		eive payment from, an equity-based compensation arrangement?		4c		X
		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed in	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					
а	The organization?			5a		X
b	Any related organization	ation?		5b		X
	If "Yes" to line 5a or	<sup>r</sup> 5b, describe in Part III.				
6	For persons listed in	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
				6a		X
b		ation?		6b		X
		6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		1		37
		es 5 and 6? If "Yes," describe in Part III		7		X
8	•	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1		37
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in		_		
		53.4958-6(c)?		9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedule .	J (Form	1 990)	2011

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## TION 06-1513687

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

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

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

(B)		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F)
	ſ	(i) Base	(ii) Bonus &	(iii) Other	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred
(A) Name		compensation	incentive	reportable	compensation	bononto		in prior Form 990
			compensation	compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
1 MARNA P. BORGSTROM	(ii)	1350637.	671,664.	51,677.	534,233.	92,517.	2,700,728.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	746,357.	242,448.	76,559.	281,624.	41,693.	1,388,681.	0.
	(i)	0. 424,102.	0.	0. 38,010.	0. 179,759.	0. 80,316.	0. 722,187.	0.
	(ii) (i)		0.	0.	0.	00,510.	122,107.	0.
	(ii)	454,415.	182,789.	101,678.	196,737.	40,145.	975,764.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	285,210.	73,593.	52,609.	111,824.	35,061.	558,297.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
6 PATRICIA S. FITZSIMONS	(ii) [	344,435.	129,907.	233,136.	19,164.	38,349.	764,991.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
7 PATRICK M. LUDDY	(ii)	294,145.	63,579.	938,884.	61,385.	17,288.	1,375,281.	219,343.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	806,954.	223,205.	574,454.	19,317.	16,682.	1,640,612.	15,904.
	(i)	0.	0.	0.	0.	U. E1 227		0.
	(ii)	832,927.	284,463.	152,280.	313,478.	51,237.	1,634,385.	0.
	(i) (ii)	209,489.	55,777.	58,647.	90,946.	28,034.	442,893.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	302,077.	76,447.	35,825.	131,058.	21,726.	567,133.	3,517.
	(i)	0.	0.	0.	0.	0.	0.	0.
12 VINCENT PETRINI	(ii) [	324,636.	104,580.	53,598.	126,197.	23,362.	632,373.	3,056.
	(i)	0.	0.	0.	0.	0.	0.	0.
13 WILLIAM J. ASELTYNE	(ii)	435,979.	130,778.	69,758.	145,374.	70,643.	852,532.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	335,122.	81,958.	57,279.	132,010.	23,628.	629,997.	7,427.
	(i)	0.	0. 93,115.	<u> </u>	0.	0. 32,349.	0. 598,936.	0.
	(ii)	304,014.	33,112.	51,140.	110,310.	34,349.	270,930.	0.
	(i)							<u> </u>
16	(ii)						<u> </u>	l

Schedule J (Form 990) 2011

#### Part III Supplemental Information

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

## PART I, LINE 4B:

THE INDIVIDUALS LISTED BELOW ARE PARTICIPANTS IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN. THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS

REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS THE

RELATED ENTITY'S AMOUNTS THAT HAVE NOT YET BEEN VESTED CONSISTENT WITH THE

#### COMPENSATION REPORTING PER IRS.

	SEVERANCE	NONQUALIFIED	EQUITY- BASED	
MARNA P. BORGSTRON	M \$-	\$268,096	\$-	
RICHARD D'AQUILA	_	161,328		
JAMES M. STATEN	_	139,024	_	
KEVIN A. MYATT	_	91,936	_	
DANIEL BARCHI	_	87,008	_	
WILLIAM J. ASELTYN	NE –	78,224	_	
THOMAS J. BALCEZAN	Κ –	62,960	_	
VINCENT PETRINI	_	61,088	_	
PAUL N. PATTON	_	59,168	_	
THOMAS D. LEARY	_	57,008	_	
KEVIN F. WALSH	_	55,088	_	
STEPHEN M. MERZ	-	46,896	_	

Schedule J (Form 990) 2011

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### Part III Supplemental Information

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

## INDIVIDUALS LISTED BELOW BECAME VESTED DURING THE REPORTING YEAR. INCLUDED

IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2011 CALENDAR

YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE

INDIVIDUALS' 2011 CALENDAR YEAR FORM W-2S. THESE AMOUNTS INCLUDE

ACCUMULATIONS OF FUTURE BENEFITS THAT FOR CERTAIN INDIVIDUALS INCLUDE

MULTIPLE YEARS OF SERVICE LEADING UP TO THE VESTING OF BENEFITS THAT

OCCURRED IN THE 2011 CALENDAR YEAR.

PATRICK LUDDY \$ 901,753

PETER HERBERT \$ 486,005

PATRICIA FITZSIMONS \$ 175,451

THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS 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).

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## 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.



YNH NETWORK CORPORATION

Employer identification number 06-1513687

FORM 990, PART VI: PART VI, SECTION A, 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. BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT 9 VOTING MEMBERS ARE INDEPENDENT. THE ORGANIZATION HAS NO REASON TO BELIEVE THAT THE REMAINING VOTING MEMBER IS NOT INDEPENDENT.

FORM 990, PART VI, SECTION A, LINE 2: BUSINESS RELATIONSHIPS BETWEEN

OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES

SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR

DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM.

THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THOSE

TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE

ORGANIZATION. THE TAXABLE AFFILIATES FOR WHICH SOME OF THE ORGANIZATION'S

OFFICERS AND TRUSTEES SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE:

MEDICAL CENTER REALTY, INC.; MEDICAL CENTER PHARMACY AND HOME CARE CENTER,

INC.; YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION; YORK ENTERPRISES,

INC.

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

THE SOLE MEMBER OF YNH NETWORK IS YALE-NEW HAVEN HEALTH SERVICES

## CORPORATION.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2011)132211<br/>01-23-122409400812793225YNHNETWORK2011.05000YNHNETWORKYNHNETWORKCORPORATIONYNHNETWI

Name of the organization

YNH NETWORK CORPORATION

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

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

ELECT THE ORGANIZATION'S BOARD OF DIRECTORS IN ACCORDANCE WITH THE BYLAWS.

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

YALE-NEW HAVEN HEALTH SERVICES CORPORATION SHALL HAVE THE FOLLOWING

RIGHTS, POWERS AND PRIVILEGES:

A.) TO APPROVE LOCAL PLANS AND ALL FUND RAISING PROGRAMS PROPOSED TO BE CONDUCTED;

B.) TO APPROVE ANNUAL OPERATING AND CAPITAL BUDGETS, AND STRATEGIC PLANS;

C.) TO APPROVE SIGNIFICANT PROGRAMS AND EXPENDITURES PROPOSED TO BE

UNDERTAKEN, AND, EXCEPT WHERE SUCH ACTION IS IN ACCORDANCE WITH AN APPROVED

OPERATING OR CAPITAL BUDGET, THE PURCHASE OR SALE OF SIGNIFICANT CAPITAL OR

OPERATING ASSETS AND THE INCURRING OF ANY INDEBTEDNESS FOR BORROWED MONEY;

D.) TO APPROVE: (I) THE SALE OF ALL OR A SUBSTANTIAL PART OF ANY SUCH

ENTITY'S ASSETS, (II) ANY MERGER OR A CONSOLIDATION INVOLVING SUCH AND

ENTITY, OR (III) ANY CONTRACT TO MANAGE OR ADMINISTER ANY SUCH ENTITY OR A SUBSTANTIAL PART OF ITS BUSINESS.

E.) TO APPROVE ANY AMENDMENTS PROPOSED BY THE BOARD OF DIRECTORS TO ANY SUCH ENTITY'S CERTIFICATE OF INCORPORATION AND BYLAWS.

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

 THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES

 OF THE SYSTEM TAX DEPARTMENT. THE RETURN IS INITIALLY REVIEWED BY THE

 DIRECTOR AND VP OF CORPORATE FINANCE. SUBSEQUENTLY IT IS SENT TO ERNST &

 YOUNG US, LLP FOR THEIR INITIAL REVIEW. AFTER ALL COMMENTS FROM THE ABOVE

 GROUP ARE CLEARED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL

 132212
 Schedule O (Form 990 or 990-EZ) (2011)

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 2011.05000 YNH NETWORK CORPORATION

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Schedule O (Form 990 or 990-EZ) (2011)	Page <b>2</b>
Name of the organization	Employer identification number
YNH NETWORK CORPORATION	06-1513687
OFFICER OF THE ENTITY AND A FINAL VERSION OF THE RETURN I	S SENT BACK TO
ERNST & YOUNG US, LLP FOR FINAL REVIEW. PRIOR TO FILING,	THE ORGANIZATION
MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD	OF TRUSTEES. A
SECURE WEB PORTAL IS AVAILABLE TO BOARD MEMBERS TO ACCESS	THE RETURN VIA A
WEB PORTAL.	

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

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

	FORM	990,	PART	VI,	SECTION	В,	LINE	15:					
	132212 01-23-12										Schedule O (	Form 990 or 990-EZ) (20	)11)
									26				
09	400812	2 793	225 3	YNHNE	TWORK	2.0	11.05	000	YNH	NETWORK	CORPORATIO	Ν ΥΝΗΝΕΤΎ	v1

		<b>F</b> 1 11 110 11 1
Name of th	ne organization	Employer identification number
	YNH NETWORK CORPORATION	06-1513687
ALL C	OMPENSATION REPORTED ON THIS 990 IS PAID FROM RELATED	ORGANIZATIONS.
THE R	EPORTING ENTITY, ITSELF, DOES NOT DETERMINE COMPENSA	TION. HOWEVER, THE
RELAT	ED ORGANIZATIONS' PROCESSES DO INCLUDE THE STEPS DESC	CRIBED ON LINES
157 c	150	
15A &	138.	

ALL COMPENSATION REPORTED ON THIS 990 IS PAID FROM RELATED ORGANIZATIONS. THE REPORTING ENTITY, ITSELF, DOES NOT DETERMINE COMPENSATION. HOWEVER, THE RELATED ORGANIZATIONS' PROCESSES DO INCLUDE THE STEPS DESCRIBED ON LINES 15A & 15B.

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

COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE

MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING

DOCUMENTS ARE MAINTAINED BY OFFICE OF LEGAL AND CORPORATE COMPLIANCE.

CONFLICT OF INTEREST POLICIES IS AVAILABLE TO ALL EMPLOYEES ON THE

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

FORM 990 PART VII

132212 01-23-12

OFFICERS WORK AN AVERAGE OF 40 HOURS SPREAD OVER THE FILING ENTITY AND

THE ENTITIES LISTED IN SCHEDULE R.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-592,457.

DISCLOSURE STATEMENT RELATED TO FORMS 5471, INFORMATION RETURN OF U.S.

Schedule O (Form 990 or 990-EZ) (2011)

09400812 793225 YNHNETWORK 2011.05000 YNH NETWORK CORPORATION

YNHNETW1

Name of the organization YNH NETWORK CORPORATION	Employer identification numbe
PERSONS WITH RESPECT TO CERTAIN FOREIGN COPORATIONS, FILE	D ON BEHALF OF
THE TAXPAYER:	
UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 95	58(A) AND (B),
THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION	RETURN OF U.S.
PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS	A CATEGORY 5
FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORAT	FIONS (CFCS).
THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUG	GH THE FILING
OF FORMS 5471 FOR THESE CFCS BY OTHER U.S. TAXPAYERS IDEN	TIFIED BELOW
WHO HAVE THE SAME FILING REQUIREMENT.	
TAXPAYER NAME: YALE-NEW HAVEN HOSPITAL	
ADDRESS: 20 YORK STREET NEW HAVEN, CT 06504	
IDENTIFYING NUMBER OF U.S. TAX RETURN WITH WHICH THE FORM WILL BE FILED: 06-0646652 IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE F UT 84201-0027	
	dule O (Form 990 or 990-EZ) (201
28 400812 793225 YNHNETWORK 2011.05000 YNH NETWORK CORPOR	ATION YNHNETW

Page 2

Schedule O (Form 990 or 990-EZ) (2011)

SCH			Р
SCH	ED	JLE	к

(Form 990) Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011 Open to Public Inspection

Employer identification number

06-1513687

Name of the organization

## YNH NETWORK CORPORATION

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
YALE NEW HAVEN HEALTH SERVICES CORP -							
22-2529464, 789 HOWARD AVE, NEW HAVEN, CT							
06519	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	N/A		x
BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES -					YALE NEW HAVEN		
06-1066729, 267 GRANT STREET, BRIDGEPORT, CT					HEALTH SERVICES		
06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	CORP	X	
GREENWICH HEALTHCARE SERVICES INC					YALE NEW HAVEN		
22-2593399, 5 PERRYRIDEGE RD., GREENWICH, CT					HEALTH SERVICES		
06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	CORP	X	
NORTHEAST MEDICAL GROUP, INC 06-1330992					YALE NEW HAVEN		
226 MILL HILL AVENUE	]				HEALTH SERVICES		
BRIDGEPORT, CT 06615	HEALTHCARE	CONNECTICUT	501C3	LINE 9	CORP	Х	

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

Schedule R (Form 990) 2011

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) irolled ization?
YALE-NEW HAVEN HOSPITAL - 06-0646652						100	
20 YORK ST	1						
NEW HAVEN, CT 06504	HEALTHCARE	CONNECTICUT	501C3	LINE 3	YNH NETWORK CORP	х	
BRIDGEPORT HOSPITAL - 06-0646554					BRIDGEPORT HOSP &		
267 GRANT STREET	1				HEALTHCARE		
BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 3	SERVICES	х	
SOUTHERN CT HEALTH SYSTEM PROPERTIES INC -					BRIDGEPORT HOSP &		
06-1297708, 267 GRANT STREET, BRIDGEPORT, CT	1				HEALTHCARE		
06610	TITLE HOLDING	CONNECTICUT	501C2		SERVICES	х	
BRIDGEPORT HOSPITAL AUXILIARY INC -					BRIDGEPORT HOSP &		
06-6042500, 267 GRANT STREET, BRIDGEPORT, CT	1				HEALTHCARE		
06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	SERVICES	х	
BRIDGEPORT HOSP FOUNDATION INC - 22-2593399					BRIDGEPORT HOSP &		
267 GRANT STREET	7				HEALTHCARE		
BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 7	SERVICES	х	
NORMA F. PFREIM BREAST CANCER INC -							
06-0567752, 111 BEACH ROAD, FAIRFIELD, CT	1				BRIDGEPORT		
06430	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	HOSPITAL	х	
THE GREENWICH HOSPITAL ENDOWMENT FUND -					GREENWICH HOSP &		
06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT	1				HEALTHCARE		
06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	SERVICES CORP	х	
GREENWICH HOSPITAL - 06-0646659					GREENWICH HOSP &		
5 PERRYRIDGE ROAD	7				HEALTHCARE		
GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	501C3	LINE 3	SERVICES CORP	х	
PERRYRIDGE CORPORATION - 06-1207316					GREENWICH HOSP &		
5 PERRYRIDGE ROAD	7				HEALTHCARE		
GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	SERVICES CORP	х	
NORTHEAST MEDICAL GROUP, PLLC - 35-2380180							
226 MILL HILL AVENUE	7				NORTHEAST MEDICAL		
BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	GROUP, INC	х	
YALE-NEW HAVEN CARE CONTINUUM CORP -							
45-5235566, 789 HOWARD AVE, NEW HAVEN, CT	7						
06519	NURSING HOME	CONNECTICUT	501C3	LINE 3	YNH NETWORK CORP	Х	
CARITAS INSURANCE - 33-0322238				1	İ.		1
30 MAIN STREET, SUITE 330	1				YALE-NEW HAVEN		
BURLINGTON, VT 05401	INSURANCE	VERMONT	501C3	LINE 11A, I	HOSPITAL	х	

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

(a)	(b)	(c)	(d)	(6	e)	(f)	(g)	(	h)	(	i)	(	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, u excluded fro	ant income unrelated, om tax under	Share of total income	Share of end-of-year assets	· ·	portion- cations?	20 of S	t in box	mana part	aging :ner?	Percentage ownership
		country)		sections	512-514)			Yes	No	K-1 (For	m 1065)	Yes	No	
	-													
SHORELINE SURGERY CENTER LLC			YALE NEW HAVEN											
- 90-0110459, 60 TEMPLE			AMBULATORY											
STREET, NEW HAVEN, CT 06510	HEALTHCARE	СТ	SERVICES	RELATED		8,099,785.	3,316,197.		х	N,	/A		Х	51.00%
	-													
SSC II LLC - 26-1709382			YALE NEW HAVEN											
111 GOOSE LANE			AMBULATORY											
GUILFORD, CT 06437	HEALTHCARE	СТ	SERVICES	RELATED		6,911,093.	3,117,170.		Х	N,	/A		X	51.00%
ORTHOPAEDIC & NEUROSURGERY														
CENTER - 27-3411797, 55 HOLLY														
HILL LANE, GREENWICH, CT														
06830	HEALTHCARE	СТ	N/A	N/	/ A	N/A	N/A	N/A		N	/A	N/	A	N/A
00030		01		=.,	/			F.,	4	14/	11	FN /	F- 1	
										117				
					,								-	
					,									
					,					147				
Part IV Identification of Related Or	ganizations Taxable a	as a Corp	oration or Trust (Co				· · · · · · · · · · · · · · · · · · ·							i
	ganizations Taxable a	as a Corp	oration or Trust (Co				· · · · · · · · · · · · · · · · · · ·							i
Part IV Identification of Related Or	ganizations Taxable a	as a Corp	oration or Trust (Co				· · · · · · · · · · · · · · · · · · ·			because		one oi		
Part IV Identification of Related Or organizations treated as a co (a) Name, address, and E	rganizations Taxable a prporation or trust durin	as a Corp	oration or Trust (Co year.)	omplete if th	ne organizat (c) Legal domicile	ion answered "Yes' (d) Direct controlling	to Form 990, Pa	art IV,	line 34 (f)	because	e it had o (g Shar	one or g) re of	r moi	re related (h) Percentage
Part IV Identification of Related Or organizations treated as a co (a)	rganizations Taxable a prporation or trust durin	as a Corp	oration or Trust (Co year.)	omplete if th	ne organizat (c)	ion answered "Yes" (d)	' to Form 990, Pa	art IV,	line 34	because	it had o	one or g) re of f-yea	r moi	re related (h)
Part IV Identification of Related Or organizations treated as a co (a) Name, address, and E	<b>ganizations Taxable :</b> orporation or trust durin	as a Corp	oration or Trust (Co year.)	omplete if th	ne organizat (c) Legal domicile (state or foreign	ion answered "Yes' (d) Direct controlling	to Form 990, Pa	art IV,	line 34 (f)	because	e it had o (g Shar end-o	one or g) re of f-yea	r moi	re related (h) Percentage
Part IV Identification of Related Or organizations treated as a co (a) Name, address, and E of related organizatio	<b>ganizations Taxable :</b> orporation or trust durin	as a Corp	oration or Trust (Co year.)	omplete if th	le organizat (c) Legal domicile (state or foreign country)	ion answered "Yes' (d) Direct controlling	to Form 990, Pa	art IV,	line 34 (f)	because	e it had o (g Shar end-o	one or g) re of f-yea	r moi	re related (h) Percentage

CHC PHYSICIANS PC - 06-1436530

QUINNIPIAC MEDICAL PC - 06-1405531

YNH GERIATRIC SERVICES, PC - 06-1561581

**40 TEMPLE STREET** 

789 HOWARD AVENUE

789 HOWARD AVENUE

789 HOWARD AVENUE NEW HAVEN, CT 06519

NEW HAVEN, CT 06510

NEW HAVEN, CT 06519

NEW HAVEN, CT 06519

YALE-NEW HAVEN AMBULATORY SERVICE - 06-1398526

18,534,742.

N/A

N/A

N/A

100.00%

N/A

N/A

N/A

HEALTHCARE

HEALTHCARE

HEALTHCARE

HEALTHCARE

YNH NETWORK

N/A

N/A

N/A

C CORP

C CORP

C CORP

C CORP

5,180,872.

N/A

N/A

N/A

CORP

СТ

СТ

СТ

СТ

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
YNH MEDICAL SERVICES, PC - 06-1561583							
789 HOWARD AVENUE							
NEW HAVEN, CT 06519	HEALTHCARE	СТ	N/A	C CORP	N/A	N/A	N/A
YNHH- MSO INC 06-1467717							
789 HOWARD AVENUE							
NEW HAVEN, CT 06519	MANAGEMENT SERVICES	СТ	N/A	C CORP	N/A	N/A	N/A
MEDICAL CENTER REALTY, INC 06-1110858			YORK				
50 YORK STREET			ENTERPRISES				
NEW HAVEN, CT 06511	RENTAL	СТ	INC	C CORP	1,610,361.	6,014,287.	100.00%
MEDICAL CENTER PHARMACY INC 06-1087673			YORK				
50 YORK STREET			ENTERPRISES				
NEW HAVEN, CT 06511	PHARMACY	СТ	INC	C CORP	65,221.	7,277,847.	100.00%
GREENWICH HEALTH SERVICES INC - 06-1233643							
5 PERRYRIDGE LANE							
GREENWICH, CT 06830	HEALTHCARE	СТ	N/A	C CORP	N/A	N/A	N/A
GREENWICH FERTILITY & IVF CENTER - 30-0145464							
5 PERRYRIDGE LANE	7						
GREENWICH, CT 06830	HEALTHCARE	СТ	N/A	C CORP	N/A	N/A	N/A
GREENWICH INTEGRATIVE MEDICINE PC - 26-0236411							
35 RIVER ROAD							
COS COB, CT 06807	HEALTHCARE	СТ	N/A	C CORP	N/A	N/A	N/A
GREENWICH OCCUPATIONAL HEALTH SERV-NY - 06-1540101							
5 PERRYRIDGE ROAD							
GREENWICH, CT 06830	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A
GREENWICH PEDIATRIC SERVICES PC - 74-3054409							
5 PERRYRIDGE ROAD							
GREENWICH, CT 06830	HEALTHCARE	СТ	N/A	C CORP	N/A	N/A	N/A
YNHH-PHYSICIANS CORP - 06-1202305							
789 HOWARD AVE	ADMINISTRATIVE						
NEW HAVEN, CT 06519	SERVICES	СТ	N/A	C CORP	N/A	N/A	N/A
GREENWICH OCCUPATIONAL HEALTH SERV-NJ - 45-3833883							
5 PERRYRIDGE LANE							
GREENWICH, CT 06830	HEALTHCARE	NJ	N/A	C CORP	N/A	N/A	N/A
LUKAN INDEMNITY - 98-1072793							
VALLIS BLDG 58 PAR LA VILLE RD	7						
HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A

## Schedule R (Form 990) 2011 YNH NETWORK CORPORATION

Part V	Transactions With Related Organizations (Complete if the organization ans	wered "Yes" to Forr	n 990, Part IV, line 34, 35,	35a, or 36.)			
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
<b>1</b> D	uring the tax year, did the organization engage in any of the following transaction	is with one or more i	related organizations listed	l in Parts II-IV?			
<b>a</b> R	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		-		. 1a		X
b G	ift, grant, or capital contribution to related organization(s)				. 1b		X
c G	ift, grant, or capital contribution from related organization(s)				. 1c		Х
	pans or loan guarantees to or for related organization(s)						Х
	pans or loan guarantees by related organization(s)						X
f S	ale of assets to related organization(s)				. 1f		X
gР	urchase of assets from related organization(s)				. 1g		Х
hΕ	xchange of assets with related organization(s)				. 1h		Х
i L	ease of facilities, equipment, or other assets to related organization(s)				. <b>1</b> i		X
j L	ease of facilities, equipment, or other assets from related organization(s)				. 1j		x
	erformance of services or membership or fundraising solicitations for related orga						Х
	erformance of services or membership or fundraising solicitations by related orga						Х
	haring of facilities, equipment, mailing lists, or other assets with related organizat						Х
	haring of paid employees with related organization(s)						X
<b>o</b> P	aimhuraamant naid ta ralatad arganization(a) far avnanaan				10		x
	eimbursement paid to related organization(s) for expenses					x	- 23
Рп	eimbursement paid by related organization(s) for expenses						
<b>a</b> 0	ther transfer of cash or property to related organization(s)				1q		x
	ther transfer of cash or property from related organization(s)				1r	x	
	the answer to any of the above is "Yes," see the instructions for information on v				.   "		
	(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
<u>(1)</u> YA	LE-NEW HAVEN HOSPITAL	R	613,000.	САЅН			
<u>(2)</u> YA	LE NEW HAVEN HEALTH SERVICES CORP	R	2,900,000.	САЅН			
<u>(3)</u> YA	LE NEW HAVEN HEALTH SERVICES CORP	Р	24,041.	COMPARABLE MARKET VALUE	2		
(4)							
(5)							
(6)							

## Schedule R (Form 990) 2011 YNH NETWORK CORPORATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs. Yes I	)      (3) ? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(I Dispr tior alloca <b>Yes</b>	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 YNH NETWORK CORPORATION	06-1513687 Page
Part VII         Supplemental Information           Complete this part to provide additional information for responses to question	stions on Schedule R (see instructions).
THE FOLLOWING ENTITITES LISTED AS RELATED O	RGANZATIONS IN PART IV:
QUINNIPIAC MEDICAL PC, YNH GERIATRICS SERVI	CES PC, YNH MEDICAL SERVICES
PC AND CHC PHYSICIANS CORP ARE ALL CONTROLL	ED BY YALE-NEW HAVEN
HOSPITAL CHIEF OF STAFF. IN ACCORDANCE WITH	STATE LAWS, PROFESSIONAL
CORPORATIONS SUCH AS THESE MUST BE OWNED BY	A PHYSICIAN. THEREFORE,
THE CHIEF OF STAFF OF YALE-NEW HAVEN HOSPIT.	AL IS APPOINTED THE NOMINEE
SHAREHOLDER OF THESE ENTITIES.	
132105 01-23-12 <b>35</b>	Schedule R (Form 990) 20
	NETWORK CORPORATION YNHNETW1