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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: MARY HAVEN SCHOOL CORP
 Doing Business As:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 51 Terryville Rd
 City or town, state or country, and ZIP + 4: Port Jefferson Station, NY 117763097

D Employer identification number: 11-2861690
E Telephone number: (631) 474-4120
G Gross receipts \$ 17,076,970

F Name and address of principal officer:
 Lewis Grossman
 51 Terryville Rd
 Port Jefferson Station, NY 11776

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number: 0928

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527
J Website: www.maryhaven.chsl.org

K Form of organization: Corporation Trust Association Other
L Year of formation: 1987 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 As a ministry of the Catholic Church, continues Christ's healing mission, promotes excellence in care, committed to those in need, affirms the sanctity of life, and advocates for the poor See SCH O

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of employees (Part V, line 2a)	5	441
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	17,172,860	17,076,970
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,172,860	17,076,970
Expenses	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
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,166,127	14,068,898
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,802,414	3,449,313
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,968,541	17,518,211	
19 Revenue less expenses Subtract line 18 from line 12	204,319	-441,241	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,052,716	3,488,539
	21 Total liabilities (Part X, line 26)	4,799,391	3,676,455
	22 Net assets or fund balances Subtract line 21 from line 20	253,325	-187,916

Part II Signature Block

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

Sign Here
 Signature of officer: _____ Date: 2010-11-15
 Lewis Grossman CEO
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (see instructions): _____
 EIN: _____ Phone no: _____

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

As a ministry of the Catholic Church, continues Christ's healing mission, promotes excellence in care, and commits itself to those in need. The organization affirms the sanctity of life, advocates for the poor and underserved, and serves the common good. It conducts its healthcare practice, business, education and innovation with justice, integrity and respect for the dignity of each person.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 5,677,315 including grants of \$) (Revenue \$ 5,944,604)
 Special Education Programs Provides year round individual academic programs that meet the special needs of students 5 - 21 years of age (99 Students)

4b (Code) (Expenses \$ 10,593,519 including grants of \$) (Revenue \$ 11,132,366)
 Residential Care Programs, General/Other Provides a year round home-like environment with an emphasis on daily living skills for children with disabilities (78 Children)

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

4d Other program services (Describe in Schedule O)
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses \$ 16,270,834

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12A Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S ? <i>If "Yes," complete Schedule F, Part II.</i>		No
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 U S ? <i>If "Yes," complete Schedule F, Part III.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" 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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 441		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d _____		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line a or b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶ _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Susan Dickinson VP of Finance 51 Terryville Rd Port Jefferson Station, NY 117761368 (631) 474-4120

1b Total	0	2,627,566	577,020
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**1

		Yes		No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3			No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5			No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	0				
Program Service Revenue			Business Code				
	2a	Special Education Programs _____	611,600	5,944,604	5,944,604	0	0
	b	Residential Care Programs _____	623,000	11,132,366	11,132,366	0	0
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____		0	0	0	0
g	Total. Add lines 2a-2f ▶		17,076,970				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶					
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b	Less cost or other basis and sales expenses						
c	Gain or (loss)	0	0				
d	Net gain or (loss) ▶						
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events . . . ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See Instructions ▶		17,076,970	17,076,970	0	0	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S 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	9,354,274	8,679,164	675,110	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,170,168	1,109,245	60,923	
9	Other employee benefits	2,036,935	1,958,449	78,486	
10	Payroll taxes	1,507,521	1,401,472	106,049	
11	Fees for services (non-employees)				
a	Management				
b	Legal	18,543	8,598	9,945	
c	Accounting	26,130		26,130	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	444,016	352,335	91,681	
12	Advertising and promotion	359		359	
13	Office expenses	15,495	3,497	11,998	
14	Information technology	4,355	2,927	1,428	
15	Royalties				
16	Occupancy	481,182	387,890	93,292	
17	Travel	47,674	43,368	4,306	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,373	2,190	13,183	
20	Interest	210,414	194,889	15,525	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	258,245	205,965	52,280	
23	Insurance	10,619	7,646	2,973	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Program Supplies	70,989	70,945	44	
b	Client Care	195,969	195,606	363	
c	Food / Miscellaneous	1,649,950	1,646,648	3,302	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	17,518,211	16,270,834	1,247,377	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing			1
	2 Savings and temporary cash investments			2
	3 Pledges and grants receivable, net			3
	4 Accounts receivable, net	3,579,494		4 2,320,772
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6
	7 Notes and loans receivable, net	43,019		7 39,335
	8 Inventories for sale or use	19,500		8 7,500
	9 Prepaid expenses and deferred charges	137,250		9 23,561
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D		8,110,262	
	b Less accumulated depreciation		7,012,891	
			1,273,453	10c 1,097,371
	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			14
15 Other assets. See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,052,716		16 3,488,539	
Liabilities	17 Accounts payable and accrued expenses	351,814		17 360,046
	18 Grants payable			18
	19 Deferred revenue	-25,010		19 -79,897
	20 Tax-exempt bond liabilities	1,632,759		20 1,440,478
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties	51,626		23 29,556
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities. Complete Part X of Schedule D	2,788,202		25 1,926,272
	26 Total liabilities. Add lines 17 through 25	4,799,391		26 3,676,455
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	253,325		27 -187,916
	28 Temporarily restricted net assets	0		28 0
	29 Permanently restricted net assets	0		29 0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds			30
	31 Paid-in or capital surplus, or land, building or equipment fund			31
	32 Retained earnings, endowment, accumulated income, or other funds			32
33 Total net assets or fund balances	253,325		33 -187,916	
34 Total liabilities and net assets/fund balances	5,052,716		34 3,488,539	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .

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

SCHEDULE A

(Form 990 or 990EZ)

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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization MARY HAVEN SCHOOL CORP

Employer identification number

11-2861690

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

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

- 1 A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,459,867	15,695,935	16,056,425	16,989,015	18,055,650	80,256,892
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	13,459,867	15,695,935	16,056,425	16,989,015	18,055,650	80,256,892
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						80,256,892

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	13,459,867	15,695,935	16,056,425	16,989,015	18,055,650	80,256,892
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
13 Total support (Add lines 9, 10c, 11 and 12)	13,459,867	15,695,935	16,056,425	16,989,015	18,055,650	80,256,892
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	1 00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	1 00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 11-2861690
Name: MARY HAVEN SCHOOL CORP

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Angie Carpenter Chairperson	2	X						0	0	0
Bernadette Curry PhD Vice Chairperson	2	X						0	0	0
Charles Falkner Treasurer	2	X						0	0	0
Dolores Castellano CIJ Secretary	2	X						0	0	0
Donato Balsamo Board Member	2	X						0	11,779	89
Mary Bracken Board Member	2	X						0	0	0
Bernadette Downes CSJ Board Member	2	X						0	0	0
Robert Doyle Board Member	2	X						0	0	0
Philip Fava Board Member	4	X						0	0	0
Margaret Kelliher DW Board Member	2	X						0	0	0
Walter Lace Board Member	2	X						0	0	0
Campion Lally OSF Board Member	2	X						0	0	0
Timothy Mattimore Esq Board Member	2	X						0	0	0
Kathleen McCarthy OP Board Member	2	X						0	0	0
Msgr Thomas Mulvanerty Board Member	2	X						0	0	0
Tammy Rafle Board Member	2	X						0	0	0
Richard Romer Board Member	2	X						0	0	0
Daniel Rowe Board Member	4	X						0	0	0
J Timothy Shea Esq Board Member	2	X						0	0	0
Charles Spencer Board Member	4	X						0	0	0
Debbie Van Bourgondien Board Member	2	X						0	0	0
Jeffrey Vollmuth Board Member	2	X						0	0	0
Dennis Verzi Executive VP	50			X				0	583,759	190,371
William Mead CFO	50			X				0	286,448	101,543
Lewis Grossman CEO	50			X				0	1,021,215	160,704

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Susan Dickinson VP Finance	50					X		0	186,195	47,656
Robin Dwyer Division Director	35					X		0	146,013	19,492
Eva Tarantino Director of HR	35					X		0	139,070	20,874
Robert Murphy CAO	35					X		0	137,351	18,986
Linda Schreiber Director	35					X		0	115,736	17,305

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MARY HAVEN SCHOOL CORP

Employer identification number 11-2861690

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

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

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

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	5,165,197	4,631,884	533,313
c Leasehold improvements	0	0	0	0
d Equipment	0	642,188	417,789	224,399
e Other	0	2,302,877	1,963,218	339,659
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,097,371

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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

Identifier	Return Reference	Explanation
SchD_P10_S00_L00	Schedule D, Part X	The school qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and qualifies as a nonprofit organization under New York State law Accordingly, the income of the Organization is generally not subject to federal or state income taxes

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MARY HAVEN SCHOOL CORP

Employer identification number

11-2861690

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- First-class or charter travel
- Travel for companions
- Tax idemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e g , maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Schedule J, Part I, Line 3 - The scope of Executive Compensation Consulting Services provided by Towers Perrins is as follows: Support with annual incentive executive compensation payouts; Executive cash compensation review; Reasonableness letter. The compensation committee recommends to the board, and the board approves, all executive compensation.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Schedule J, Part I, Line 4 - All by related organization: Lewis Grossman contribution to SERP plan \$124,375, Susan Dickinson contribution to SERP plan \$21,911, Robert Murphy contribution to SERP plan \$934, Dennis Verzi contribution to SERP plan by related organiz

Software ID: 09000073
Software Version: v1.00
EIN: 11-2861690
Name: MARY HAVEN SCHOOL CORP

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Angie Carpenter	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Bernadette Curry PhD	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Charles Falkner	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Dolores Castellano CIJ	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Donato Balsamo	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Mary Bracken	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Bernadette Downes CSJ	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Robert Doyle	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Philip Fava	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Margaret Kelliher DW	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Walter Lace	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Campion Lally OSF	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Timothy Mattimore Esq	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Kathleen McCarthy OP	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Msgr Thomas Mulvanerty	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Tammy Rafle	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Richard Romer	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Daniel Rowe	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
J Timothy Shea Esq	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Charles Spencer	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Debbie Van Bourgondien	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Jeffrey Vollmuth	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
Dennis Verzi	(i) 0 (ii) 387,912	0 160,000	0 19,347	0 201,094	0 5,722	0 774,075	0 778,990
William Mead	(i) 0 (ii) 252,324	0 40,000	0 10,624	0 68,938	0 16,105	0 387,991	0 344,459
Lewis Grossman	(i) 0 (ii) 389,928	0 59,000	0 572,287	0 157,861	0 2,844	0 1,181,920	0 923,879
Susan Dickinson	(i) 0 (ii) 160,688	0 18,000	0 7,507	0 33,812	0 13,844	0 233,851	0 231,698
Robin Dwyer	(i) 0 (ii) 126,428	0 13,000	0 6,585	0 9,856	0 9,636	0 165,505	0 155,805
Eva Tarantino	(i) 0 (ii) 132,501	0 0	0 6,569	0 11,238	0 9,636	0 159,944	0 143,550
Robert Murphy	(i) 0 (ii) 124,511	0 9,000	0 3,840	0 9,350	0 9,636	0 156,337	0 168,850
Linda Schreiber	(i) 0 (ii) 114,358	0 0	0 1,378	0 7,669	0 9,636	0 133,041	0 0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization
MARY HAVEN SCHOOL CORP

Employer identification number
11-2861690

Identifier	Return Reference	Explanation
F990_P01_S00_L01	Form 990, Part I, Line 1	Maryhaven School, a member of Catholic Health Services of Long Island, as a ministry of the Catholic Church, continues Christ's healing mission, promotes excellence in care, and commits itself to those in need CHSLI affirms the sanctity of life, advocates for the poor and underserved, and serves the common good It conducts its healthcare practice, business, education and innovation with justice, integrity and respect for the dignity of each person
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	The sole member of Maryhaven is Catholic Health System of Long Island (DBA Catholic Health Services of Long Island, CHS) CHS is a NY not-for-profit corporation organized to serve as the coordinating body of an integrated network of providers serving Nassau and Suffolk Counties and offering a comprehensive range of services to patients, managed care plans, and employees CHS is sponsored by the Roman Catholic Diocese of Rockville Center (Diocese)
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The sole member of Maryhaven School is Maryhaven Center of Hope, the sole member of Maryhaven Center of Hope is Catholic Health System of Long Island (DBA Catholic Health Services of Long Island, CHS) CHS is a NY not-for-profit corporation organized to serve as the coordinating body of an integrated network of providers serving Nassau and Suffolk Counties and offering comprehensive range of services to patients, managed care plans, and employees CHS is sponsored by the Roman Catholic Diocese of Rockville Center (Diocese)
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	The sole member of Maryhaven School is Maryhaven Center of Hope, the sole member of Maryhaven Center of Hope is Catholic Health System of Long Island (DBA Catholic Health Services of Long Island, CHS) CHS is a NY not-for-profit corporation organized to serve as the coordinating body of an integrated network of providers serving Nassau and Suffolk Counties and offering comprehensive range of services to patients, managed care plans, and employees CHS is sponsored by the Roman Catholic Diocese of Rockville Center (Diocese)
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 and appropriate schedules, as required (Form 990), is completed by the accounting and finance staff of the Organization and reviewed internally by management It is then reviewed by outside tax advisors and any necessary adjustments are made, after which time it is considered a final draft The final draft of the Form 990 is presented to the Organization's Compliance and Audit Committee (the Committee) of the Board of Trustees (the Board), which has been delegated the detailed review function by the Board Once the Committee's review is complete, the Committee recommends the approval of the Form 990 to the Board (or the Executive Committee of the Board, as appropriate) The Form 990 is provided to all voting members of the Board Upon approval by the Board (or the Executive Committee of the Board, as appropriate), the Organization's Board Chair and Chief Executive Officer communicates, in writing to the CHS Compliance and Audit Committee and CHS Board Chair, such approval, recommends approval to the CHS Board, and certifies that the CHS Board approved Form 990 review process has been followed The CHS Compliance and Audit Committee reviews the Organization's correspondence regarding the Form 990 recommended approval and review process The CHS Compliance and Audit Committee is provided with the Organization's Form 990 and reviews the Form to the extent it deems appropriate in light of the Organizational certifications and other factors as determined by the Committee Upon the CHS Compliance and Audit Committee's review of the Organization's recommended approval and satisfaction of the Form 990 review process, it shall recommend the approval of the Form 990 to the CHS Board of Directors (or the Executive Committee of the Board of Directors, as appropriate) The CHS Board of Directors (or the Executive Committee of the Board of Directors, as appropriate) reviews the CHS Compliance and Audit Committee's recommendation and provides the final approval of the Form 990 The Form 990 is then submitted to the Internal Revenue Service
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Disclosure in accordance with the Conflict of Interest Policy (the Policy) by Board and Board Committee members, employees and others that satisfy the criteria to be considered an interested person is submitted upon hire or appointment and annually thereafter Such individuals have a continuing obligation to update the information provided during the course of the year A summary of disclosures is provided to the Organization's Compliance and Audit Committee by the Organization's Compliance Officer All disclosures are investigated and information related to the disclosure shall be gathered and summarized and included with the Summary of Disclosures Upon review of the Summary of Disclosures, the Organization's Compliance and Audit Committee shall report its findings to the Board of Trustees for review The Board shall determine whether a conflict of interest exists based on the criteria contained in the Policy If the Board or Board Committee determines that no conflict exists, the matter shall be referred for review by the CHS Compliance and Audit Committee before the determination becomes final If a conflict of interest is identified and a majority of the Board or Board Committee agrees that the transaction or arrangement is in the best interest of CHS and wishes to go forth with it, the Chair of the Organization's Board of Trustees shall provide written request to the Chair of the CHS Compliance and Audit Committee, delineating the transaction and conflict and providing reasons why the Board agrees that the transaction or arrangement is in the best interest of CHS, certifies that CHS cannot secure similar services from an organization without a conflict, and wishes to go forward with it Upon request of the written request and any supporting documents, the CHS Compliance and Audit Committee shall make the final decision as to whether CHS shall enter into the transaction or arrangement
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Executive Compensation Policy (the "policy") applies to those who are defined as "disqualified persons" The policy defines a "disqualified person" as a person in a position to exercise substantial influence over the affairs of CHS or an operating entity, and is either A) a voting member of the Board of Directors or Board of Trustees, B) the entity's President, Chief Executive Officer, and Chief Operating Officers or persons holding equivalent positions, C) the entity's treasurers and Chief Financial Officers, D) the person's compensation is primarily based on revenues derived from activities of CHS or an operating entity, or of a particular department or function of CHS or an operating entity, that the person controls, E) the person has or shares authority to control or determine a substantial portion of CHS or an operating entity's capital expenditures, operating budget, or compensation for other employees, F) the person manages a department or activity of CHS or an operating entity that represents a substantial portion of the activities, assets, income, or expenses of CHS or an operating entity, compared to the organization as a whole, G) family members of any of those described in the preceding D, E, or F The Chief Executive Officer submits for approval to the Corporate CEO recommendations for base salary adjustments and incentive awards for "disqualified persons" as defined in the policy Once approved by the Corporate CEO, these recommendations are sent to the Executive Compensation Committee for review, and the committee makes recommendations to the Board of Trustees with respect to the proposed executive compensation The board has retained an independent compensation consultant to apply its standard methodology for determination of appropriate executive compensation and benefit levels for "disqualified persons" It is policy to target the total compensation (base salary, incentive compensation and benefits) of "disqualified persons" at the median of the defined marketplace for similarly situated executives in consultation with an independent compensation consultant in a manner that complies with the intermediate sanction regulations and other federal and state laws and regulations The board reviews base salaries for "disqualified persons" based upon the median amounts (50th percentile) paid to similarly situated executives within the relevant marketplace, with possible adjustments made for special skill, experience, competence and performance, including contribution to the system as a whole Incentive compensation is based on a percentage of the base salary and awarded only if a "disqualified person" meets objective performance criteria The compensation committee sets standards to ensure that the criteria used to determine incentive compensation are specific, objective, measurable and related to indicators of performance, which shall include both the performance of the operating entity that employs the "disqualified person" and the performance of the CHS system as a whole Using such criteria, the CHS CEO shall recommend to the CHS Executive Compensation Committee incentive compensation for system-level executives who are "disqualified persons", and the CEO of each operating entity shall recommend to the operating entity ECC incentive compensation for operating entity executives who are "disqualified persons", if approved by the CHS CEO Executives participate in the Diocesan Pension Plan and other benefit plans as approved by the CHS Corporate Board or CHS Operating Entity Board, as the case may be
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing Documents Certificate of Incorporation filed with the NYS Department of State, Conflict of Interest Policy is not publicly available, financial statements are available at DAC Bond

Identifier	Return Reference	Explanation
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	Reflected in Part VII Section A Line 1a are the estimated weekly hours (20) Trustees contribute to this and all other related organizations, not necessarily equally but in the proportion necessary, for which they receive no compensation

SchR_P04_S00_L00 Schedule R, Part IV In 2009, Good Samaritan Hospital Medical Center, following direction from the Board, has deemed it appropriate to include in the Form 990 existing captive professional corporations. Although not a requirement, the Board has determined for transparency the following be reflected in Schedule R Part IV.

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

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MARY HAVEN SCHOOL CORP

Employer identification number

11-2861690

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
-------------------------------------------------------	-------------------------	--------------------------------------------------	----------------------------	-----------------------------------------------------	----------------------------------

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Wisdom Gardens Limited Partnership 51 Terryville Rd Port Jefferson Station, NY 11776 11-3567947	Low Income Housing	NY	N/A	Investment				No			Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
-------------------------------------------------------	-------------------------	--------------------------------------------------	----------------------------------	--------------------------------------------------	------------------------------	------------------------------------	-----------------------------

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	Maryhaven Transportation Services	I	-103,117
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID: 09000073
Software Version: v1.00
EIN: 11-2861690
Name: MARY HAVEN SCHOOL CORP

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Catholic Health Services of Long Island 992 North Village Ave Rockville Centre, NY11570 11-3403968	Support Org	NY	3	11	N/A
CHS Services 992 North Village Ave Rockville Centre, NY11570 11-3555766	Support Org	NY	3	11	CHSLI
CHS Ambulance Services 992 North Village Ave Rockville Centre, NY11570 14-1801961	Ambulance	NY	3	3	CHSLI
Good Samaritan Hospital Medical Center 1000 Montauk Highway West Islip, NY11795 11-1888924	Hospital	NY	3	3	CHSLI
Good Samaritan Hospital Self Ins Against Malpractice 1000 Montauk Highway West Islip, NY11795 11-2537396	Self Insurance	NY	3	11	CHSLI
Mercy Medical Center 1000 Northe Village Ave Rockville Centre, NY11570 11-1635088	Hospital	NY	3	3	CHSLI
Catholic Home Care 1150 Portion Road Suite 1 Holtsville, NY11742 11-2126736	Home Care	NY	3	9	CHSLI
Our Lady of Consolation Geriatric Care Center Inc 111 Beach Dr West Islip, NY11795 11-3284066	L/T Nursing	NY	3	3	CHSLI
Sienna Village 50 Route 25A Smithtown, NY11787 06-1569129	Sr Housing	NY	3	9	SCS MC
St Catherine of Sienna Medical Center 50 Route 25A Smithtown, NY11787 06-1562701	Hospital	NY	3	3	CHSLI
St Charles Hospital 200 Belle Terre Rd Port Jefferson, NY11777 11-1871039	Hospital	NY	3	3	CHSLI
CHS Home Support Services Inc 15 Power Drive Hauppauge, NY11788 11-3594561	Home Service	NY	3	9	NSHC
St Francis Hospital 100 Port Washington Blvd Roslyn, NY11576 11-2050523	Hospital	NY	3	3	CHSLI
St Francis Hospital Foundation 100 Port Washington Blvd Roslyn, NY11576 11-2916033	Support Org	NY	3	11	SFH
St Francis Research & Educational Corporation 100 Port Washington Blvd Roslyn, NY11576 11-3090867	Research	NY	3	9	SFH
Suffolk Hearing & Speech Center Inc 369 East Main Street East Islip, NY11730 11-2110488	Support Org	NY	3	3	GSH
The St Charles Corporation 200 Belle Terre Rd Port Jefferson, NY11777 11-2983148	Support Org	NY	3	11	CHSLI
The Samaritan Corporation 992 North Village Ave Rockville Centre, NY11570 11-2716640	Support Org	NY	3	11	CHSLI
Good Shepherd Hospice 245 Old Country Rd Melville, NY11747 11-2958438	Hospice	NY	3	9	CHSLI
St Charles Hospital Foundation 200 Belle Terre Rd Port Jefferson, NY11777 41-2076312	Support Org	NY	3	11	SCH
Good Samaritan Hospital Foundation 1000 Montauk Highway West Islip, NY11795 77-0611240	Support Org	NY	3	11	GSH
St Francis-Mercy Corporation 992 North Village Ave Rockville Centre, NY11570 11-1635088	Support Org	NY	3	11	CHSLI
Mercy Medical Center Foundation 1000 Northe Village Ave Rockville Centre, NY11570 55-0813603	Support Org	NY	3	11	MMC
St Catherine of Sienna Medical Center Foundation 50 Route 25A Smithtown, NY11787 27-1459941	Support Org	NY	3	11	SCS MC
CHS Homecare Foundation 1150 Portion Road Suite 1 Holtsville, NY11742	Support Org	NY	3	11	NSHC
Good Shepherd Hospice Foundation 245 Old Country Rd Melville, NY11747 26-3169427	Support Org	NY	3	11	GS
Our Lady of Consolation Foundation 111 Beach Drive West Islip, NY11795 45-0517566	Support Org	NY	3	11	OLC
RVC Support 992 North Village Ave Rockville Centre, NY11570 27-1531084	Support Org	NY	3	3	CHSLI
St Francis Cardiovascular Physician 61-34 188th Street Suite 214 Fresh Meadows, NY11365 11-3613997	Support Org	NY	3	3	SFH
Center of Hope Foundation 51 Terryville Rd Port Jefferson Station, NY11776 11-3638367	Support Org	NY	3	11	MCH

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Maryhaven Transportation Services 51 Terryville Rd Port Jefferson Station, NY11776 11-3434776	Transport	NY	3	9	MCH
Riverhead Hostel Holding Corporation 51 Terryville Rd Port Jefferson Station, NY11776 11-2499790	Nursing	NY	3	9	MCH
Wisdom Gardens Housing Development Fund Corp 51 Terryville Rd Port Jefferson Station, NY11776 11-3559713	Housing	NY	3	9	MCH
Maryhaven Center of Hope 51 Terryville Rd Port Jefferson Station, NY11776 11-2861698	Service	NY	3	3	CHSLI