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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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
 RIVERHEAD HOSTEL HOLDING 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
 11-2499790

E Telephone number
 (631) 474-4120

G Gross receipts \$ 0

F Name and address of principal officer
 LEWIS GROSSMAN
 51 TERRYVILLE RD
 PORT JEFFERSON STATION, NY 117763097

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

I Tax-exempt status 501(c)(3) 501(c) (2) (insert no) 4947(a)(1) or 527

J Website: WWW.MARYHAVEN.CHSLI.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
 RIVERHEAD HOSTEL HOLDING CORP, 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, COMMITTED TO THOSE IN NEED, 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 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	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total 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
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	0	0
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)	0	0
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)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	250	250
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	250	250
19	Revenue less expenses Subtract line 18 from line 12	-250	-250

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,025,873	1,025,623
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances Subtract line 21 from line 20	1,025,873	1,025,623

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: 2013-01-15

Type or print name and title: LEWIS GROSSMAN CEO

Paid Preparer's Use Only

Preparer's signature: THOMAS LANNING Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: COHNREZNICK LLP, 4 BECKER FARM ROAD, ROSELAND, NJ 070681739

Preparer's taxpayer identification number (see instructions): P00851654

EIN: 22-1478099

Phone no: (973) 228-3500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 250 including grants of \$) (Revenue \$)
OWNS HOMES USED BY RELATED EXEMPT ORGANIZATIONS (4 HOUSES)














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

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

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

4e Total program service expenses \$ 250

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>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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 "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	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> 	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> 		No
c	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> 		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 		No
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
12a	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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 and IV</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 and IV</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
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		

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		
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		
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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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		
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

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

Table with columns for question number, question text, sub-questions (1a, 1b, etc.), and Yes/No columns. Includes questions 1a-14a regarding Form 1096, W-2G, Form W-3, and other IRS filings.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (21), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
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 made these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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, 51 TERRYVILLE RD, PORT JEFFERSON STATION, NY 117763097, (631) 474-4120

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGIE CARPENTER CHAIRPERSON	2 00	X		X				0	0	0
(2) BERNADETTE CURRY PHD VICE CHAIRPERSON	2 00	X		X				0	0	0
(3) CHARLES FALKNER TREASURER	2 00	X		X				0	0	0
(4) DOLORES CASTELLANO CIJ SECRETARY	2 00	X		X				0	0	0
(5) DONATO BALSAMO BOARD MEMBER	2 00	X						0	0	0
(6) MARY BRAKEN BOARD MEMBER	2 00	X						0	0	0
(7) ROBERT DOYLE BOARD MEMBER	2 00	X						0	0	0
(8) PHILIP FAVA BOARD MEMBER	2 00	X						0	0	0
(9) MARGARET KELLIHER DW BOARD MEMBER	2 00	X						0	0	0
(10) WALTER LACE BOARD MEMBER	2 00	X						0	0	0
(11) CAMPION LALLY OSF BOARD MEMBER	2 00	X						0	0	0
(12) TIMOTHY MATTIMORE ESQ BOARD MEMBER	2 00	X						0	0	0
(13) KATHLEEN MCCARTHY OP BOARD MEMBER	2 00	X						0	0	0
(14) MSGR THOMAS MULVANERTY BOARD MEMBER	2 00	X						0	0	0
(15) TAMMY RAFLE BOARD MEMBER	2 00	X						0	0	0
(16) RICHARD ROMER BOARD MEMBER	2 00	X						0	0	0
(17) DANIEL ROWE BOARD MEMBER	2 00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) J TIMOTHY SHEA ESQ BOARD MEMBER	2 00	X						0	0	0
(19) CHARLES SPENCER BOARD MEMBER	2 00	X						0	0	0
(20) DEBBIE VAN BOURGONDIEN BOARD MEMBER	2 00	X						0	0	0
(21) JEFFERY VOLLMUTH BOARD MEMBER	2 00	X						0	0	0
(22) CHRISTOPHER REDMOND ESQ BOARD MEMBER	2 00	X						0	0	0
(23) LEWIS GROSSMAN CHIEF EXECUTIVE OFFICER	50 00			X				0	552,547	72,230
(24) SUSAN DICKINSON VICE PRESIDENT OF FINANCE	50 00			X				0	329,997	26,846
(25) KAREN ESTRADA AVP	37 50			X				0	186,922	40,053
(26) JOSEPH TOMAINO EVP	37 50			X				0	418,470	176,579
(27) ROBIN DWYER DIRECTOR OF RESIDENTIAL	35 00					X		0	152,743	22,146
(28) EVA TARANTINO DIRECTOR OF HUMAN RESOURCE	35 00					X		0	135,076	23,678
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	1,775,755	361,532

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

	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>		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>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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 ▶						
Program Service Revenue	2a	_____ Business Code _____						
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶						
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)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss) ▶						
	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 ▶							
12	Total revenue. See Instructions ▶		0	0	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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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 contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
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	250	250		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	250	250	0	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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		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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 345,928		
	b Less accumulated depreciation	10b 288,581	57,347	10c 57,347
	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		968,526	15 968,276
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,025,873	16 1,025,623	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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		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		0	26 0
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		1,025,873	27 1,025,623
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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		1,025,873	33 1,025,623	
34 Total liabilities and net assets/fund balances		1,025,873	34 1,025,623	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	0
2	Total expenses (must equal Part IX, column (A), line 25)	2	250
3	Revenue less expenses Subtract line 2 from line 1	3	-250
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,025,873
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	1,025,623

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	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		
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?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 11-2499790

Name: RIVERHEAD HOSTEL HOLDING CORP

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization RIVERHEAD HOSTEL HOLDING CORP

Employer identification number 11-2499790

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 importantly 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 Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		57,347		57,347
b Buildings		192,121	192,121	0
c Leasehold improvements				
d Equipment				
e Other		96,460	96,460	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				57,347

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS
		RIVERHEAD HOSTEL HOLDING CORP QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(2) 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

2011

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
RIVERHEAD HOSTEL HOLDING CORP

Employer identification number

11-2499790

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		
2		
3		
4a		No
4b	Yes	
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LEWIS GROSSMAN	(i)	0	0	0	0	0	0	0
	(ii)	408,752	70,500	73,295	59,230	13,000	624,777	0
(2) SUSAN DICKINSON	(i)	0	0	0	0	0	0	0
	(ii)	172,018	22,000	135,979	13,729	13,117	356,843	0
(3) KAREN ESTRADA	(i)	0	0	0	0	0	0	0
	(ii)	186,516	0	406	16,085	23,968	226,975	0
(4) JOSEPH TOMAINO	(i)	0	0	0	0	0	0	0
	(ii)	352,299	0	66,171	151,509	25,070	595,049	0
(5) ROBIN DWYER	(i)	0	0	0	0	0	0	0
	(ii)	133,130	13,000	6,613	10,529	11,617	174,889	0
(6) EVA TARANTINO	(i)	0	0	0	0	0	0	0
	(ii)	128,480	0	6,596	10,301	13,377	158,754	0

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
SUPPLEMENTAL INFORMATION	PART III	THE AMOUNTS REFLECTED IN COLUMN B(II) AND COLUMN C FOR THE INDIVIDUALS INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2011 FORM W-2 BOX, 5 AS TAXABLE WAGES BECAUSE THEY ARE VESTED, BUT ARE NOT DISTRIBUTED UNTIL RETIREMENT THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE INDIVIDUALS INCLUDES BOTH QUALIFIED AND NONQUALIFIED RETIREMENT PLANS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
RIVERHEAD HOSTEL HOLDING CORP

Employer identification number

11-2499790

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF RIVERHEAD HOSTEL HOLDING CORP IS CATHOLIC HEALTH SYSTEM OF LONG ISLAND (DBA CATHOLIC HEALTH SERVICES OF LONG ISLAND, CHS) CHS IS A NY NON-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)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	CHS IS THE SOLE MEMBER AND ESTABLISHED CO-OPERATOR OF RIVERHEAD HOSTEL HOLDING CORP AND AS SUCH, HAS THE RIGHT TO APPOINT THE GOVERNING BODY OF RIVERHEAD HOSTEL HOLDING CORP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	CHS AS THE SOLE MEMBER AND ESTABLISHED CO-OPERATOR OF RIVERHEAD HOSTEL HOLDING CORP IS REQUIRED TO APPROVE CERTAIN DECISIONS MADE BY RIVERHEAD'S GOVERNING BODY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990, AND APPROPRIATE SCHEDULES, IS COMPLETED BY THE ACCOUNTING AND FINANCE STAFF OF THE ORGANIZATION AND REVIEWED INTERNALLY BY MANAGEMENT. IT IS THEN REVIEWED BY OUTSIDE TAX ADVISORS. THE FINAL DRAFT OF THE FORM 990 IS THEN 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. UPON APPROVAL OF THE COMMITTEE, THE FORM 990 IS THEN SENT TO ALL VOTING MEMBERS OF THE BOARD. ONCE APPROVED 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. AFTER REVIEW OF ANY APPLICABLE COMMENTS FROM THE BOARD, THE COMPLIANCE AND AUDIT COMMITTEE WILL THEN RECOMMEND THE APPROVAL OF THE FORM 990 TO THE CHS BOARD OF DIRECTORS WHO WILL THEN REVIEW THE RECOMMENDATIONS AND PROVIDE THE FINAL APPROVAL OF THE FORM 990. THE FORM 990 IS THEN SUBMITTED TO THE INTERNAL REVENUE SERVICE.

Identifier	Return Reference	Explanation
	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 SIMILIAR SERVICES FROM AN ORGANIZATION WITHOUT A CONFLICT, AND WISHES TO GO FORWARD WITH IT UPON RECEIPT 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	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. THE EXECUTIVE COMPENSATION COMMITTEE, WITH AN INDEPENDENT COMPENSATION CONSULTANT ENGAGED BY THE BOARD, WILL REVIEW PROPOSED SALARY ADJUSTMENTS AND INCENTIVE AWARDS TO ENSURE REASONABLENESS BY REVIEWING COMPARABLE TOTAL COMPENSATION DATA (INCLUDING INCENTIVES) PAID TO SIMILARLY SITUATED EXECUTIVES AT THE MEDIAN OF THE DEFINED MARKETPLACE WITH POSSIBLE ADJUSTMENT MADE FOR SPECIAL SKILL, EXPERIENCE, COMPETENCE AND PERFORMANCE, INCLUDING CONTRIBUTION TO THE SYSTEM AS A WHOLE. 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. BASED ON THE INFORMATION, THE COMMITTEE WILL THEN MAKE ITS RECOMMENDATION TO THE BOARD OF TRUSTEES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	CERTIFICATE OF INCORPORATION FILED WITH THE NYS DEPARTMENT OF STATE, CONFLICT OF INTEREST POLICY IS NOT PUBLICLY AVAILABLE, FINANCIAL STATEMENTS ARE AVAILABLE AT UPON REQUEST

Identifier	Return Reference	Explanation
ELECTION TO ALLOCATE BUSINESS ASSET EXPENSE	CONTROLLED GROUP ELECTION	<p>THE UNDERSIGNED CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, AS DEFINED IN SECTION 179(D)(7), HEREBY CONSENT TO THE APPORTIONMENT PLAN LISTED BELOW WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2010 ELECTION TO ALLOCATE \$40,000 ALTERNATIVE MINIMUM TAX EXEMPTION THE UNDERSIGNED CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS (WITHIN THE MEANING OF SECTION 1563(A)), HEREBY CONSENT UNDER REGULATION 1.58-1(C)(3) TO THE APPORTIONMENT PLAN LISTED BELOW WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2010 ELECTION TO ALLOCATE \$150,000 ALTERNATIVE MINIMUM TAX PHASE-OUT THE UNDERSIGNED CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS (WITHIN THE MEANING OF SECTION 1563(A)), HEREBY CONSENT UNDER REGULATION 1.58-1(C)(3) TO THE APPOINTMENT PLAN LISTED BELOW WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2010 EMPLOYER ID NO \$128,00 \$40,000 \$150,000 11-3403968 NONE NONE NONE 14-1801961 NONE NONE NONE 11-3594561 NONE NONE NONE 11-3555766 NONE NONE NONE 11-1888924 NONE NONE NONE 77-0611240 NONE NONE NONE 11-2537396 NONE NONE NONE 11-2958438 NONE NONE NONE 11-3434776 NONE NONE NONE 11-2861698 NONE NONE NONE 11-2861690 NONE NONE NONE 11-3638367 NONE NONE NONE 11-1635088 NONE NONE NONE 11-2126736 NONE NONE NONE 11-3284066 NONE NONE NONE 20-8067039 NONE NONE NONE 11-2499790 NONE NONE NONE 06-1569129 NONE NONE NONE 06-1562701 NONE NONE NONE 11-1871039 NONE NONE NONE 41-2076312 NONE NONE NONE 11-3613997 NONE NONE NONE 11-2050523 NONE NONE NONE 11-2916033 NONE NONE NONE 11-3090867 NONE NONE NONE 11-2110488 NONE NONE NONE 11-2983148 NONE NONE NONE 11-2716640 NONE NONE NONE 11-3559713 NONE NONE NONE 11-1635088 NONE NONE NONE 55-0813603 NONE NONE NONE 27-1459941 NONE NONE NONE IN PROCESS NONE NONE NONE 26-3169427 NONE NONE NONE 45-0517566 NONE NONE NONE 27-1531084 NONE NONE NONE 11-2798383 NONE NONE NONE 11-2801136 NONE NONE NONE 11-2838185 \$128,000 \$40,000 \$150,000 11-3319259 NONE NONE NONE 06-1568934 NONE NONE NONE 11-3307977 NONE NONE NONE 11-2126736 NONE NONE NONE</p>

Identifier	Return Reference	Explanation
CONTROLLED GROUP ELECTION - CONTINUED		<p>EMPLOYER NAME, ADDRESS & TAX YEAR-END ID NO 11-3403968 CATHOLIC HEALTH SERVICES OF LONG ISLAND 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 14-1801961 CHS AMBULANCE SERVICES 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-3594561 CHS HOME SUPPORT SERVICES, INC 15 POWER DRIVE HAUPPAUGUE, NY 11788 TAX YEAR END 12/31/10 11-3555761 CHS SERVICES, INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-1888924 GOOD SAMARITAN HOSPITAL MEDICAL CENTER 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 77-0611240 GOOD SAMARITAN HOSPITAL FOUNDATION 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 11-2537396 GOOD SAMARITAN HOSPITAL SELF INSURANCE AGAINST MALPRACTICE 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 11-2958438 GOOD SHEPHERD HOSPICE 245 OLD COUNTRY ROAD MELVILLE, NY 11747 TAX YEAR END 12/31/10 11-3434776 MARY HAVEN TRANSPORTATION SERVICES 51 TERRYVILLE ROAD PORT JEFFERSON, NY 11776 TAX YEAR END 12/31/10 11-2861698 MARY HAVEN CENTER OF HOPE 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAX YEAR END 12/31/10 11-2861690 MARY HAVEN SCHOOL CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAX YEAR END 12/31/10 11-3638367 THE CENTER OF HOPE FOUNDATION 51 TERRYVILLE ROAD PORT JEFFERSON, NY 11776 TAXABLE YEAR 12/31/10 11-1635088 MERCY MEDICAL CENTER 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-2126736 CATHOLIC HOME CARE 1150 PORTION BLVD SUITE 1 HOLTSVILLE, NY 11742 TAX YEAR END 12/31/10 11-3284066 OUR LADY OF CONSOLATION GERIATRIC CARE CENTER 111 BEACH DRIVE WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 20-8067039 RVC INSURANCE COMPANY, INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-2499790 RIVERHEAD HOSTEL HOLDING CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAX YEAR END 12/31/10 06-1569129 SIENA VILLAGE 50 ROUTE 25A SMITHTOWN, NY 11787 TAX YEAR END 12/31/10 06-1562701 ST CATHERINE OF SIENA MEDICAL CENTER 50 ROUTE 25A SMITHTOWN, NY 11787 TAX YEAR END 12/31/10 11-1871039 ST CHARLES HOSPITAL AND REHABILITATION CENTER 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/10 41-2076312 ST CHARLES HOSPITAL FOUNDATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/10 11-3613997 ST FRANCIS CARDIOVASCULAR PHYSICIANS PC 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 TAX YEAR END 12/31/10 11-2050523 ST FRANCIS HOSPITAL 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 TAX YEAR END 12/31/10 11-2916033 ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BOULEVARD ROSLYN, NY 11576 TAX YEAR END 12/31/10 11-3090867 ST FRANCIS RESEARCH & EDUCATIONAL CORPORATION 100 PORT WASHINGTON BOULEVARD ROSLYN, NY 11576 TAX YEAR END 12/31/10 11-2110488 SUFFOLK HEARING & SPEECH 369 EAST MAIN STREET EAST ISLIP, NY 11730 TAX YEAR END 12/31/10 11-2983148 THE ST CHARLES CORPORATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/10 11-2716640 THE SAMARITAN CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11795 TAX YEAR END 12/31/10 11-3559713 WISDOM GARDENS HOUSING DEVELOPMENT CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAX YEAR END 12/31/10 11-1635088 ST FRANCIS-MERCY CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11795 TAX YEAR END 12/31/10 55-0813603 MERCY MEDICAL CENTER FOUNDATION 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11795 TAX YEAR END 12/31/10 27-1459941 ST CATHERINE OF SIENA MEDICAL CENTER FOUNDATION 50 ROUTE 25A SMITHTOWN, NY 11787 TAX YEAR END 12/31/10 IN PROCESS CATHOLIC HOME CARE FOUNDATION 1150 PORTION ROAD, SUITE 1 HOLTSVILLE, NY 11742 TAX YEAR END 12/31/10 26-3169427 CATHOLIC HOME CARE FOUNDATION 245 OLD COUNTRY ROAD MELVILLE, NY 11747 TAX YEAR END 12/31/10 45-0517566 OUR LADY OF CONSOLATION FOUNDATION 111 BEACH DRIVE WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 27-1531084 OUR LADY OF CONSOLATION FOUNDATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-2798383 FAIRVIEW HILL MANAGEMENT CORP 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAXABLE YEAR 12/31/10 11-2801136 HEALTHCARE TEMP SERVICES 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAXABLE YEAR 12/31/10 11-2838185 SAMARITAN MANAGEMENT SERVICES 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 12/31/10 11-3319259 SAMARITAN HOME CARE AMERICA, INC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 12/31/10 06-1568934 SIENA MEDICAL REALTY 50 ROUTE 25A SMITHTOWN, NY 11787 TAXABLE YEAR 12/31/10 11-3307977 SOUTH SHORE PRACTICE MANAGEMENT 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 12/31/10 11-2126736 NURSING SISTERS HOME CARE, INC 1150 PORTION ROAD, SUITE 1 HOLTSVILLE, NY 11742 TAXABLE YEAR 12/31/10</p>

Identifier	Return Reference	Explanation
TAX BRACKET ALLOCATION		<p>THE AMOUNTS IN EACH TAXABLE INCOME BRACKET IN THE TAX TABLE IN SECTION 11(B) HAVE BEEN ALLOCATED TO THE CORPORATIONS LISTED BELOW PURSUANT TO REGULATION 1.1561-3(A) THE ORIGINAL COPY OF THIS STATEMENT IS FILED WITH THE INTERNAL REVENUE SERVICE CENTER IN OGDEN, UTAH AUTHORIZATION CONSENT FOR ALLOCATION ON BEHALF OF MEMBER COMPANIES</p> <p style="text-align: center;">EMPLOYER ID NO \$50,000 \$25,000 \$9,925,000</p> <p>BRACKET BRACKET BRACKET 11-3403968 NONE NONE NONE 14-1801961 NONE NONE NONE 11-3594561 NONE NONE NONE 11-3555766 NONE NONE NONE 11-1888924 NONE NONE NONE 77-0611240 NONE NONE NONE 11-2537396 NONE NONE NONE 11-2958438 NONE NONE NONE 11-3434776 NONE NONE NONE 11-2861698 NONE NONE NONE 11-2861690 NONE NONE NONE 11-3638367 NONE NONE NONE 11-1635088 NONE NONE NONE 11-2126736 NONE NONE NONE 11-3284066 NONE NONE NONE 20-8067039 NONE NONE NONE 11-2499790 NONE NONE NONE 06-1569129 NONE NONE NONE 06-1562701 NONE NONE NONE 11-1871039 NONE NONE NONE 41-2076312 NONE NONE NONE 11-3613997 NONE NONE NONE 11-2050523 NONE NONE NONE 11-2916033 NONE NONE NONE 11-3090867 NONE NONE NONE 11-2110488 NONE NONE NONE 11-2983148 NONE NONE NONE 11-2716640 NONE NONE NONE 11-3559713 NONE NONE NONE 11-1635088 NONE NONE NONE 55-0813603 NONE NONE NONE 27-1459941 NONE NONE NONE IN PROCESS NONE NONE NONE 26-3169427 NONE NONE NONE 45-0517566 NONE NONE NONE 27-1531084 NONE NONE NONE 11-2798383 NONE NONE NONE 11-2801136 NONE NONE NONE 11-2838185 \$50,000 \$25,000 \$9,925,000 11-3319259 NONE NONE NONE 06-1568934 NONE NONE NONE 11-3307977 NONE NONE NONE 11-2126736 NONE NONE NONE</p>

Identifier	Return Reference	Explanation
TAX BRACKET ALLOCATION - CONTINUED		<p>EMPLOYER NAME, ADDRESS & TAX YEAR-END ID NO 11-3403968 CATHOLIC HEALTH SERVICES OF LONG ISLAND 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 14-1801961 CHS AMBULANCE SERVICES 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-3594561 CHS HOME SUPPORT SERVICES, INC 15 POWER DRIVE HAUPPAUGUE, NY 11788 TAX YEAR END 12/31/10 11-3555761 CHS SERVICES, INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-1888924 GOOD SAMARITAN HOSPITAL MEDICAL CENTER 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 77-0611240 GOOD SAMARITAN HOSPITAL FOUNDATION 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 11-2537396 GOOD SAMARITAN HOSPITAL SELF INSURANCE AGAINST MALPRACTICE 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 11-2958438 GOOD SHEPHERD HOSPICE 245 OLD COUNTRY ROAD MELVILLE, NY 11747 TAX YEAR END 12/31/10 11-3434776 MARYHAVEN TRANSPORTATION SERVICES 51 TERRYVILLE ROAD PORT JEFFERSON, NY 11776 TAX YEAR END 12/31/10 11-2861698 MARYHAVEN CENTER OF HOPE 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAX YEAR END 12/31/10 11-2861690 MARYHAVEN SCHOOL CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAX YEAR END 12/31/10 11-3638367 THE CENTER OF HOPE FOUNDATION 51 TERRYVILLE ROAD PORT JEFFERSON, NY 11776 TAXABLE YEAR 12/31/10 11-1635088 MERCY MEDICAL CENTER 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-2126736 CATHOLIC HOME CARE 1150 PORTION BLVD SUITE 1 HOLTSVILLE, NY 11742 TAX YEAR END 12/31/10 11-3284066 OUR LADY OF CONSOLATION GERIATRIC CARE CENTER 111 BEACH DRIVE WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 20-8067039 RVC INSURANCE COMPANY, INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-2499790 RIVERHEAD HOSTEL HOLDING CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAX YEAR END 12/31/10 06-1569129 SIENA VILLAGE 50 ROUTE 25A SMITHTOWN, NY 11787 TAX YEAR END 12/31/10 06-1562701 ST CATHERINE OF SIENA MEDICAL CENTER 50 ROUTE 25A SMITHTOWN, NY 11787 TAX YEAR END 12/31/10 11-1871039 ST CHARLES HOSPITAL AND REHABILITATION CENTER 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/10 41-2076312 ST CHARLES HOSPITAL FOUNDATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/10 11-3613997 ST FRANCIS CARDIOVASCULAR PHYSICIANS PC 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 TAX YEAR END 12/31/10 11-2050523 ST FRANCIS HOSPITAL 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 TAX YEAR END 12/31/10 11-2916033 ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BOULEVARD ROSLYN, NY 11576 TAX YEAR END 12/31/10 11-3090867 ST FRANCIS RESEARCH & EDUCATIONAL CORPORATION 100 PORT WASHINGTON BOULEVARD ROSLYN, NY 11576 TAX YEAR END 12/31/10 11-2110488 SUFFOLK HEARING & SPEECH 369 EAST MAIN STREET EAST ISLIP, NY 11730 TAX YEAR END 12/31/10 11-2983148 THE ST CHARLES CORPORATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/10 11-2716640 THE SAMARITAN CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11795 TAX YEAR END 12/31/10 11-3559713 WISDOM GARDENS HOUSING DEVELOPMENT CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAX YEAR END 12/31/10 11-1635088 ST FRANCIS-MERCY CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11795 TAX YEAR END 12/31/10 55-0813603 MERCY MEDICAL CENTER FOUNDATION 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11795 TAX YEAR END 12/31/10 27-1459941 ST CATHERINE OF SIENA MEDICAL CENTER FOUNDATION 50 ROUTE 25A SMITHTOWN, NY 11787 TAX YEAR END 12/31/10 IN PROCESS CATHOLIC HOME CARE FOUNDATION 1150 PORTION ROAD, SUITE 1 HOLTSVILLE, NY 11742 TAX YEAR END 12/31/10 26-3169427 CATHOLIC HOME CARE FOUNDATION 245 OLD COUNTRY ROAD MELVILLE, NY 11747 TAX YEAR END 12/31/10 45-0517566 OUR LADY OF CONSOLATION FOUNDATION 111 BEACH DRIVE WEST ISLIP, NY 11795 TAX YEAR END 12/31/10 27-1531084 OUR LADY OF CONSOLATION FOUNDATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/10 11-2798383 FAIRVIEW HILL MANAGEMENT CORP 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAXABLE YEAR 12/31/10 11-2801136 HEALTHCARE TEMP SERVICES 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAXABLE YEAR 12/31/10 11-2838185 SAMARITAN MANAGEMENT SERVICES 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 12/31/10 11-3319259 SAMARITAN HOME CARE AMERICA, INC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 12/31/10 06-1568934 SIENA MEDICAL REALTY 50 ROUTE 25A SMITHTOWN, NY 11787 TAXABLE YEAR 12/31/10 11-3307977 SOUTH SHORE PRACTICE MANAGEMENT 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 12/31/10 11-2126736 NURSING SISTERS HOME CARE, INC 1150 PORTION ROAD, SUITE 1 HOLTSVILLE, NY 11742 TAXABLE YEAR 12/31/10</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

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
RIVERHEAD HOSTEL HOLDING CORP

Employer identification number
11-2499790

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(k) Percentage ownership
							Yes	No		Yes	No	

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
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related 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		No
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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Software ID:
Software Version:
EIN: 11-2499790
Name: RIVERHEAD HOSTEL HOLDING 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	(g) Section 512 (b)(13) controlled organization	
CATHOLIC HEALTH SYSTEM OF LONG ISLAND 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 11-3403968	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	N/A		No
CHS SERVICES INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 11-3555766	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
CHS AMBULANCE SERVICES INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 14-1801961	DORMANT	NY	501(C) (3)	LINE 3	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
GOOD SAMARITAN HOSPITAL MEDICAL CENTER 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-1888924	HOSPITAL	NY	501(C) (3)	LINE 3	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
GOOD SAMARITAN SELF INSURANCE AGAINST MALPRACTICE 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-2537396	SELF INSURANCE	NY	501(C) (3)	LINE 11A, I	GOOD SAMARITAN HOSPITAL		No
MARYHAVEN TRANSPORTATION SERVICES 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 11-3434776	TRANSPORTATION SERVICES	NY	501(C) (3)	LINE 9	MARYHAVEN CENTER OF HOPE		No
MARYHAVEN CENTER OF HOPE 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 11-2861698	PROGRAMS/HOUSING FOR THE DEVELOPMENTALLY DISABLED	NY	501(C) (3)	LINE 3	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
MARYHAVEN SCHOOL CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 11-2861690	SCHOOL FOR DEVELOPMENTALLY DISABLED	NY	501(C) (3)	LINE 9	MARYHAVEN CENTER OF HOPE		No
THE CENTER OF HOPE FOUNDATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 11-3638367	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	MARYHAVEN CENTER OF HOPE		No
MERCY MEDICAL CENTER 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 11-1635088	HOSPITAL	NY	501(C) (3)	LINE 3	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
CATHOLIC HOME CARE 1150 PORTION ROAD SUITE 1 HOLTSVILLE, NY 11742 11-2126736	HOME CARE	NY	501(C) (3)	LINE 9	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
OUR LADY OF CONSOLATION GERIATRIC CARE CENTER 111 BEACH DRIVE WEST ISLIP, NY 11795 11-3284066	LT NURSING CARE	NY	501(C) (3)	LINE 3	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
SIENA VILLAGE INC 50 ROUTE 25A SMITHTOWN, NY 11787 06-1569129	SENIOR HOUSING	NY	501(C) (3)	LINE 9	ST CATHERINE OF SIENA MEDICAL CENTER		No
ST CATHERINE OF SIENA MEDICAL CENTER 50 ROUTE 25A SMITHTOWN, NY 11787 06-1562701	HOSPITAL	NY	501(C) (3)	LINE 3	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
ST CHARLES HOSPITAL 200 BELLE TERRE ROAD PORT JEFFERSON STATION, NY 11777 11-1871039	HOSPITAL	NY	501(C) (3)	LINE 3	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
CHS HOME SUPPORT SERVICES INC 15 POWER DRIVE HAUPPAUGE, NY 11788 11-3594561	RESPIRATORY THERAPY SVC/MED EQUIP	NY	501(C) (3)	LINE 9	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
ST FRANCIS HOSPITAL 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-2050523	HOSPITAL	NY	501(C) (3)	LINE 3	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-2916033	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	ST FRANCIS HOSPITAL		No
ST FRANCIS HOSPITAL RESEARCH & EDUCATIONAL CORP 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-3090867	RESEARCH ORGANIZATION	NY	501(C) (3)	LINE 9	ST FRANCIS HOSPITAL		No
WSNCHS NORTH INC 4295 HEMPSTEAD TURNPIKE BETHPAGE, NY 11714 11-3438973	HOSPITAL	NY	501(C) (3)	LINE 3	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No

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	g Section 512 (b)(13) controlled organization	
SUFFOLK HEARING & SPEECH CENTER INC 369 EAST MAIN STREET EAST ISLIP, NY 11730 11-2110488	DIAGNOSTIC TESTING	NY	501(C) (3)	LINE 3	GOOD SAMARITAN HOSPITAL		No
THE ST CHARLES CORPORATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 11-2983148	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
THE SAMARITAN CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 11-2716640	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
WISDOM GARDENS HOUSING DEVELOPMENT FUND INC 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 11-3559713	SENIOR HOUSING	NY	501(C) (3)	LINE 9	MARYHAVEN CENTER OF HOPE		No
GOOD SHEPHERD HOSPICE 245 OLD COUNTRY ROAD MELVILLE, NY 11747 11-2958438	HOSPICE SERVICES	NY	501(C) (3)	LINE 9	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
ST CHARLES HOSPITAL FOUNDATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 41-2076312	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	ST CHARLES HOSPITAL		No
GOOD SAMARITAN HOSPITAL FOUNDATION 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 77-0611240	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	GOOD SAMARITAN HOSPITAL		No
ST FRANCIS-MERCY CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 11-1635088	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
MERCY MEDICAL CENTER FOUNDATION 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 55-0813603	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	MERCY MEDICAL CENTER		No
ST CATHERINE OF SIENA MEDICAL CENTER FOUNDATION 50 ROUTE 25A SMITHTOWN, NY 11787 27-1459941	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	ST CATHERINE OF SIENA MEDICAL CENTER		No
CATHOLIC HOME CARE FOUNDATION 1150 PORTION ROAD SUITE 1 HOLTSVILLE, NY 11742	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	CATHOLIC HOME CARE		No
GOOD SHEPHERD HOSPICE FOUNDATION 245 OLD COUNTRY ROAD MELVILLE, NY 11747 26-3169427	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	GOOD SHEPHERD HOSPICE		No
OUR LADY OF CONSOLATION FOUNDATION 111 BEACH DRIVE WEST ISLIP, NY 11795 45-0517566	SUPPORT ORG	NY	501(C) (3)	LINE 11A, I	OUR LADY OF CONSOLATION		No
RVC SUPPORT 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 27-1531084	REAL ESTATE	NY	501(C) (3)	LINE 11A, I	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No
ST FRANCIS CARDIOVASCULAR PHYSICIANS PC 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-3613997	HEALTHCARE SERVICES	NY	501(C) (3)	LINE 3	ST FRANCIS HOSPITAL		No
RVC INSURANCE COMPANY INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 20-8067039	CAPTIVE INSURANCE COMPANY	NY	501(C) (3)	LINE 11A, I	CATHOLIC HEALTH SYSTEM OF LONG ISLAND		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
RADIOLOGY CONSULTING OF LONG ISLAND PLLC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 42-1646134	HEALTHCARE SERVICES	NY	GOOD SAMARITAN HOSPITAL	C			
SAMARITAN EMERGENCY MEDICAL SERVICES PC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 20-8243412	DIAGNOSTIC TESTING	NY	GOOD SAMARITAN HOSPITAL	C			
SAMARITAN PEDIATRIC SERVICES PC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 20-8180263	HEALTHCARE SERVICES	NY	GOOD SAMARITAN HOSPITAL	C			
SAMARITAN MEDICAL SERVICES PC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 20-8088453	DIAGNOSTIC TESTING	NY	GOOD SAMARITAN HOSPITAL	C			
SOUTHWEST SUFFOLK MEDICAL PC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 06-1603195	HEALTHCARE SERVICES	NY	GOOD SAMARITAN HOSPITAL	C			
CARDIAC EKG INTERPRETATION PC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-2924518	HEALTHCARE SERVICES	NY	GOOD SAMARITAN HOSPITAL	C			
LI REGIONAL ARTHRITIS & OSTEOPOROSIS CARE PC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 20-8964140	HEALTHCARE SERVICES	NY	GOOD SAMARITAN HOSPITAL	C			
SAMARITAN MANAGEMENT SERVICES INC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-2838185	HEALTHCARE SERVICES	NY	CATHOLIC HEALTH SYSTEM OF LONG ISLAND	C			
FAIRVIEW HILL MANAGEMENT CO INC 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 11-2798383	SERVICES	NY	ST CHARLES CORPORATION	C			
ADVANCED REHABILITATION MEDICINE PLLC 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 11-3640709	HEALTHCARE SERVICES	NY	ST CHARLES HOSPITAL	C			
ST FRANCIS CARDIAC PREVENTION SERVICES PC 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-3224885	HEALTHCARE SERVICES	NY	ST FRANCIS HOSPITAL	C			
SOUTH SHORE PRACTICE MANAGEMENT 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-3307977	HEALTHCARE SERVICES	NY	GOOD SAMARITAN HOSPITAL	C			
MERCY INTERNAL MEDICINE PC 992 N VILLAGE AVENUE ROCKVILLE CENTRE, NY 11710 51-0639649	HEALTHCARE SERVICES	NY	MERCY MEDICAL CENTER	C			