

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
CARDINAL HAYES HOME FOR CHILDREN
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX CH - 60 ST JOSEPH DRIVE
 City or town, state or country, and ZIP + 4
MILLBROOK NY 12545-0140

D Employer identification number
14-1395444

E Telephone number
845-677-6363

F Name and address of principal officer:
FRED APERS
60 ST JOSEPH DRIVE
MILLBROOK NY 12545

G Gross receipts \$ **21,384,498**

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)

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

J Website: **u CARDINALHAYESHOME.ORG**

H(c) Group exemption number **u 0928**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1963**

M State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	420
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 127,807 Current Year: 1,100,663
	9	Program service revenue (Part VIII, line 2g)	18,858,340 19,641,733
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,188 52,143
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,439 14,407
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,045,774 20,808,946
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,038,526 14,801,209
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) u 10,113	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,209,165 4,667,075
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,247,691 19,468,284
	19	Revenue less expenses. Subtract line 18 from line 12	798,083 1,340,662
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 13,395,502 End of Year: 14,976,065
	21	Total liabilities (Part X, line 26)	7,444,566 7,632,678
	22	Net assets or fund balances. Subtract line 21 from line 20	5,950,936 7,343,387

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: **FRED APERS** Date: **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MARY JANE PISANI, CPA** Preparer's signature: **MARY JANE PISANI, CPA** Date: **07/14/11** Check if self-employed PTIN: **P00544583**

Firm's name: **FRANK J. SCARANO & COMPANY** Firm's EIN: **13-2741716**
 Firm's address: **2 HAMILTON AVE STE 211 NEW ROCHELLE, NY 10801-3523** Phone no.: **914-632-6633**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ **15,920,301** including grants of \$) (Revenue \$ **18,894,567**)

INTERMEDIATE CARE FACILITY PROGRAMS - CARDINAL HAYES HOME FOR CHILDREN (CHHC) IS A NOT FOR PROFIT AGENCY PROVIDING RESIDENTIAL CARE AND TREATMENT FOR YOUNG PEOPLE WITH DEVELOPMENTAL DISABILITIES. CHILDREN OF ALL RACES, CREEDS, AND SOCIOECONOMIC BACKGROUNDS ARE EQUALLY CONSIDERED FOR ADMISSION. OUR AGENCY ACCEPTS AMBULATORY AND NON-AMBULATORY YOUNG PEOPLE WHO FUNCTION IN THE MODERATE TO PROFOUND RANGE OF MENTAL RETARDATION. THE INDIVIDUALS IN OUR CARE ARE MULTI-HANDICAPPED. SOME HAVE A DIAGNOSIS OF AUTISM; OTHERS HAVE CEREBRAL PALSY, EPILEPSY, OR NEUROLOGICAL IMPAIRMENT. OUR NURSING STAFF AND DIRECT

4b (Code:) (Expenses \$ **138,765** including grants of \$) (Revenue \$ **199,519**)

RESPIRE SERVICES - CARDINAL HAYES HOME COMMUNITY RESPIRE SERVICE PROVIDES PLANNED PERIODS OF SHORT TERM RELIEF TO FAMILIES CARING FOR A CHILD OR YOUNG ADULT WITH DEVELOPMENTAL DISABILITIES AT HOME. FOR PARENTS AND SIBLINGS, A BREAK FROM THE ONGOING CARE OF A HANDICAPPED FAMILY MEMBER IS WELL DESERVED AND VITALLY IMPORTANT. CAREGIVERS HIRED BY CARDINAL HAYES HOME PROVIDE ASSISTANCE ON A REGULAR BASIS TO THOSE WHO ARE BURDENED WITH THE CONTINUOUS CARE OF A SEVERLY DISABLED FAMILY MEMBER. THE RESPIRE PROVIDER IS RESPONSIBLE FOR THE CARE (WHICH INCLUDES FEEDING, DRESSING AND TOILETING), SAFETY

4c (Code:) (Expenses \$ **393,954** including grants of \$) (Revenue \$ **399,000**)

WATCH PROGRAM-WORK ACTIVITIES TRAINING AT CARDINAL HAYES PROVIDES HABILITATION OPPORTUNITIES FOR INDIVIDUALS THROUGH WORK ACTIVITIES AND SOCIAL EXPOSURE IN A VARIETY OF PROGRAMS THAT PROMOTE GREATER INDEPENDENCE. THROUGH THIS PROGRAM DISABLED YOUNG PEOPLE CAN ACQUIRE WORK SKILLS AND APPROPRIATE SOCIAL BEHAVIORS IN THE WORKPLACE. THE GOAL IS TO PLACE INDIVIDUALS IN A "PRODUCTIVE MODE" ACCORDING TO THEIR INDIVIDUAL POTENTIAL AND STRENGTHS. THROUGH PARTICIPATION IN THE WATCH PROGRAM, A YOUNG ADULT WHO IS DISABLED LEARNS TO FUNCTION MORE INDEPENDENTLY AND PRODUCTIVELY AND DEVELOP A MORE POSITIVE SELF-ESTEEM. THE

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **522,440** including grants of \$) (Revenue \$ **159,290**)

4e Total program service expenses **16,975,460**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
	20b	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	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. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	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)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	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).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who 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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b	b 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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b 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 **u NY**
- 18** Section 6104 requires an organization to make its Forms 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.
 Own website Another's website 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u CARDINAL HAYES HOME FOR CHILDREN PO BOX CH - ST JOSEPHS DRIVE**

MILLBROOK NY 12545 845-677-6363

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) DR THOMAS BEAUMONT BOARD MEMBER	1.00	X					0	0	0	
(2) SR MARY GRIFFIN BOARD MEMBER	1.00	X					0	0	0	
(3) BENJAMIN HAYDEN BOARD MEMBER	1.00	X					0	0	0	
(4) KATHRYN HURLEY BOARD MEMBER	1.00	X					0	0	0	
(5) RONALD V. MOSCA BOARD MEMBER	1.00	X					0	0	0	
(6) PATRICIA NISHBALL BOARD MEMBER	1.00	X					0	0	0	
(7) DR EDWARD J. O'KEEFE BOARD MEMBER	1.00	X					0	0	0	
(8) MARGUERITE A. ROTUNNO BOARD MEMBER	1.00	X					0	0	0	
(9) FELICITAS S. THORNE BOARD MEMBER	1.00	X					0	0	0	
(10) ANN D. WHALEN BOARD MEMBER	1.00	X					0	0	0	
(11) DR FREDERICK C. WILHELM BOARD MEMBER	1.00	X					0	0	0	
(12) SHARON L. WILHELM BOARD MEMBER	1.00	X					0	0	0	
(13) ROBERT KNAPP BOARD MEMBER	1.00	X					0	0	0	
(14) FRED APERS EXEC DIRECTOR	35.00			X			203,381	0	28,789	
(15) JOHN HALVORSEN FISCAL DIRECTOR	35.00			X			162,281	0	36,291	
(16) MARY HURLEY ASST SECRETARY	35.00			X			53,071	0	21,324	

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 (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			
(17) ELIZABETH WOLF PRESIDENT	1.00			X				0	0	0
(18) SR ANNE TURBINI SECRETARY	1.00			X				0	0	0
(19) KENNETH ANDERSON TREASURER	1.00			X				0	0	0
(20) SR NOREEN MURRAY VICE PRESIDENT	1.00			X				0	0	0
(21) ANTHONY FRENZEL DIRECTOR SUPPORT SVS	35.00					X		128,607	0	28,945
(22) MARILYN DVOZENJA DIR OF HRA	35.00					X		119,941	0	13,391
(23) CHRISTINE MATTSO RESIDENTIAL DIRECTOR	35.00					X		106,457	0	14,877
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								773,738		143,617
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								773,738		143,617

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 **u 5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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 **u 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	1,100,663				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	1,100,663				
Program Service Revenue	2a CARE AND MAINTENANCE	Busn. Code	17,894,056	17,894,056			
	b FACILITY ASSESSMENT		915,588	915,588			
	c GOVERNMENT CONTRACTS		616,530	616,530			
	d RENTAL INCOME		128,885	128,885			
	e SCHOOL LUNCH & BREAKFAST		84,923	84,923			
	f All other program service revenue		1,751	1,751			
	g Total. Add lines 2a-2f	u	19,641,733				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	62,366			62,366
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross Rents		(i) Real					
		(ii) Personal					
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities		565,329			
		(ii) Other					
b Less: cost or other basis & sales exps.				575,552			
c Gain or (loss)				-10,223			
d Net gain or (loss)		u		-10,223	-10,223		
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	u					
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	u					
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	u					
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS			10,365			10,365	
b VENDING MACHINE, SODA, CANDY, ET			4,042			4,042	
c							
d All other revenue							
e Total. Add lines 11a-11d	u		14,407				
12 Total revenue. See instructions.	u		20,808,946	19,631,510	0	76,773	

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	418,733		418,733	
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	10,281,230	9,279,270	1,001,841	119
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	409,193	354,928	54,265	
9 Other employee benefits	2,793,896	2,422,947	370,912	37
10 Payroll taxes	898,157	781,388	116,759	10
11 Fees for services (non-employees):				
a Management				
b Legal	4,066		4,066	
c Accounting	100,000		100,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	10,453	371	10,082	
14 Information technology				
15 Royalties				
16 Occupancy	339,089	312,486	26,603	
17 Travel	134,028	127,963	6,065	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	230,117	229,300	817	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	609,939	542,356	66,754	829
23 Insurance	153,087	9,541	143,546	
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 FACILITY ASSESSMENT	915,588	915,588		
b FOOD	554,083	553,194	889	
c SUPPLIES	365,606	334,018	31,588	
d DONATIONS	272,805	272,805		
e PURCHASE OF SERVICES	238,378	201,895	36,483	
f All other expenses	739,836	637,410	93,308	9,118
25 Total functional expenses. Add lines 1 through 24f	19,468,284	16,975,460	2,482,711	10,113
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) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	92,372	1	160,385
	2	Savings and temporary cash investments	811,425	2	2,837,474
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,265,972	4	1,819,435
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,453	8	854
	9	Prepaid expenses and deferred charges	185,316	9	191,291
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,233,688		
	b	Less: accumulated depreciation	10b 4,934,721	10c	8,298,967
	11	Investments—publicly traded securities	1,338,216	11	1,667,659
	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)	13,395,502	16	14,976,065	
Liabilities	17	Accounts payable and accrued expenses	1,902,975	17	1,907,874
	18	Grants payable		18	
	19	Deferred revenue		19	50,188
	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. Complete Part X of Schedule D	5,541,591	25	5,674,616
	26	Total liabilities. Add lines 17 through 25	7,444,566	26	7,632,678
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	5,947,732	27	7,339,106
	28	Temporarily restricted net assets	3,204	28	4,281
	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	5,950,936	33	7,343,387	
34	Total liabilities and net assets/fund balances	13,395,502	34	14,976,065	

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	20,808,946
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,468,284
3	Revenue less expenses. Subtract line 2 from line 1	3	1,340,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,950,936
5	Other changes in net assets or fund balances (explain in Schedule O)	5	51,789
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	7,343,387

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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

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 described in **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 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	297,519	348,246	633,399	127,807	367,778	1,774,749
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	297,519	348,246	633,399	127,807	367,778	1,774,749
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)						426,254
6 Public support. Subtract line 5 from line 4						1,348,495

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	297,519	348,246	633,399	127,807	367,778	1,774,749
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,413	61,933	53,121	35,652	62,366	281,485
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	12,308	8,469	9,693	8,439	16,158	55,067
11 Total support. Add lines 7 through 10						2,111,301

12 Gross receipts from related activities, etc. (see instructions) **12** 19,641,733

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	63.87 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	87.17 %

16a 33 1/3% support test—2010. 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—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2010. 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—2009. 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 Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SUPPORT SCHEDULE - UNUSUAL GRANTS

BEQUEST FROM ESTATE UNUSUAL BY NATURE OF DONATION \$ **732,885**

PART II, LINE 10 - OTHER INCOME DETAIL

VENDING MACHINE \$ **19,172**

WATCH PROGRAM SALES \$ **9,848**

MISCELLANEOUS \$ **26,047**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 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	1,480,493	1,397,832	1,493,416		
b Contributions	754,167	86,088	56,190		
c Net investment earnings, gains, and losses	89,856	135,271	-141,485		
d Grants or scholarships					
e Other expenditures for facilities and programs	33,070	128,706			
f Administrative expenses	13,424	9,992	10,289		
g End of year balance	2,278,022	1,480,493	1,397,832		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment **u** 100.00 %
 - b** Permanent endowment **u** %
 - c** Term endowment **u** %
- 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 | | X |
| (ii) related organizations | | X |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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 investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		561,119		561,119
b Buildings		10,628,954	3,509,531	7,119,423
c Leasehold improvements				
d Equipment		1,385,365	904,719	480,646
e Other		658,250	520,471	137,779
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) u				8,298,967

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) MORTGAGES PAYABLE	4,617,695	
(3) DUE TO OMRDD	937,256	
(4) INSTALLMENT LOANS	119,665	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 5,674,616	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,808,946
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,468,284
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,340,662
4	Net unrealized gains (losses) on investments	4	51,789
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 through 8	9	51,789
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,392,451

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	20,591,735
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	51,789
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	51,789
3	Subtract line 2e from line 1	3	20,539,946
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	269,000
c	Add lines 4a and 4b	4c	269,000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,808,946

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

1	Total expenses and losses per audited financial statements	1	19,199,284
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	19,199,284
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	269,000
c	Add lines 4a and 4b	4c	269,000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,468,284

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

990 PART VIII LINE 1F INCLUDES DONATION GIVEN TO AFFILIATE \$ -269,000

990 PART IX LINE 24D INCLUDES DONATION GIVEN TO AFFILIATE \$ 269,000

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

990 PART VIII LINE 1F INCLUDES DONATION GIVEN TO AFFILIATE \$ 269,000

Part XIV Supplemental Information (continued)

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

990 PART IX LINE 24D INCLUDES DONATION GIVEN TO AFFILIATE \$ 269,000

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

u Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number
14-1395444

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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed 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 from the organization or a related organization?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		X
b Any related organization?		X
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?		X
b Any related organization?		X
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		X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
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 duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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 FRED APERS	(i) 203,381	0	0	19,158	12,940	235,479	0
	(ii) 0	0	0	0	0	0	0
2 JOHN HALVORSEN	(i) 162,281	0	0	12,377	26,663	201,321	0
	(ii) 0	0	0	0	0	0	0
3 ANTHONY FRENZEL	(i) 128,607	0	0	13,762	17,385	159,754	0
	(ii) 0	0	0	0	0	0	0
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

u Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
u Attach to Form 990 or Form 990-EZ. u See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

Employer identification number

14-1395444

CARDINAL HAYES HOME FOR CHILDREN

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 u \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization u \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
					Yes	No	Yes	No	Yes	No
	To	From								
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total u \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010Open to Public
Inspection**CARDINAL HAYES HOME FOR CHILDREN**

Employer identification number

14-1395444**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE ORGANIZATION PROVIDES COMPASSIONATE CARE FOR YOUNG PEOPLE WHO ARE DISABLED. IN THE TRADITION OF THE FRANCISCAN MISSIONARIES OF MARY, A CATHOLIC ORDER OF RELIGIOUS WOMEN, SERVING THOSE MOST IN NEED, WE SHARE IN A MINISTRY OF SERVICE TO CHILDREN AND YOUNG ADULTS WHO ARE DEVELOPMENTALLY DISABLED. THE SPIRIT OF CARING AT OUR AGENCY REFLECTS COMPASSION AND REVERENCE AND A PROFOUND BELIEF IN THE SACREDNESS AND VALUE OF EACH LIFE.

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

CARE WORKERS HAVE CONSIDERABLE EXPERIENCE IN THE CARE OF MEDICALLY FRAGILE CHILDREN. REFERRALS TO CARDINAL HAYES HOME CAN BE MADE BY INDIVIDUAL FAMILIES OR BY OPWDD (OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES) LOCAL DEPARTMENTS OF SOCIAL SERVICES, HOSPITALS, SCHOOLS, PRESCHOOL PROGRAMS, MENTAL HEALTH CLINICS, MEDICAL AND SOCIAL SERVICE PROFESSIONALS AND FAMILY SERVICE AGENCIES. INQUIRIES ABOUT OUR PROGRAMS ARE MOST WELCOME, AND SITE VISITS ARE EASILY ARRANGED.

CARDINAL HAYES HOME CAMPUS FACILITY IS LOCATED IN MILLBROOK, NY, A SMALL VILLAGE 75 MILES NORTH OF NYC AND 15 MILES EAST OF POUGHKEEPSIE. THE CAMPUS IS ON 62 ACRES OF LAND IN A SERENE SETTING IN CENTRAL DUTCHESS COUNTY AND IS EASILY ACCESSIBLE VIA MAJOR ROUTES.

A TOTAL OF 110 YOUNG PEOPLE RESIDE IN CARDINAL HAYES

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

FACILITIES. ON OUR MILLBOOK CAMPUS, THERE ARE SEVEN HANDICAPPED ACCESSIBLE RESIDENCES. SIXTY CHILDREN AND YOUNG ADULTS ARE IN THE MILLBROOK ICF (INTERMEDIATE CARE FACILITY). OUR COMMUNITY ICFS ENCOMPASS FIVE RESIDENCES IN VARIOUS PARTS OF DUTCHESS COUNTY. TEN YOUNG PEOPLE RESIDE IN EACH OF THESE HOUSES.

OUR RESIDENCES ARE TRULY "HOMES" - INDIVIDUALLY DECORATED AND APPROPRIATELY FURNISHED FOR THE COMFORT AND SAFETY OF YOUNG PEOPLE WHO ARE DISABLED. UNDER THE SUPERVISION OF A LICENSED DIETITIAN, NUTRITIOUS MEALS MEET EACH CHILD'S SPECIAL DIETARY NEEDS.

EVERY PHASE OF A CHILD'S CARE AND TREATMENT IS IMPORTANT. OUR STAFF MONITORS EACH YOUNG PERSON'S DEVELOPMENT AND WELL BEING THROUGH AN INDIVIDUALIZED TREATMENT PLAN.

SERVICES PROVIDED BY CHHC INCLUDE SOCIAL WORK, FAMILY COUNSELING, MEDICAL AND NEUROLOGICAL SERVICES, DIETARY PLANNING, BEHAVIORAL PROGRAMMING, PHYSICAL THERAPY, SPEECH THERAPY, AND OCCUPATIONAL THERAPY. SOCIAL AND RECREATIONAL OPPORTUNITIES ARE ALSO AN IMPORTANT PART OF EACH RESIDENT'S PLAN OF CARE.

CHILDREN WITH DISABILITIES NEED A CONTINUUM OF CARE THROUGHOUT THEIR LIVES, AND WE WORK WITH FAMILIES TO MOST APPROPRIATELY MEET THE SPECIAL NEEDS OF THEIR CHILDREN. AT CARDINAL HAYES HOME, THE GOAL IS TO MAXIMIZE THE POTENTIAL FOR GROWTH AND DEVELOPMENT OF EACH RESIDENT. THIS PLANNING CONTINUES THROUGH YOUNG ADULTHOOD.

PARENTS OF CHILDREN WITH SPECIAL NEEDS ARE GIVEN A NUMBER

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

OF OPTIONS TODAY. SOME FAMILIES ARE ABLE TO HAVE THEIR CHILD LIVE AT HOME - OTHERS FIND IT NECESSARY TO SEEK RESIDENTIAL SERVICES. PLACING A SPECIAL NEEDS CHILD IN SOMEONES ELSE'S CARE IS A DIFFICULT AND OFTEN PAINFUL DECISION. WE HELP PARENTS CHOOSE THE OPTION THAT IS BEST FOR THEIR CHILD AND THE FAMILY, WHETHER IT IS PLACEMENT AT CARDINAL HAYES HOME OR EXPLORING OTHER ALTERNATIVES. THE YOUNG PEOPLE IN OUR HOMES HAVE BEEN ENTRUSTED TO OUR CARE, AND EACH ONE IS TREATED WITH DIGNITY AND RESPECT. FAMILIES ARE ENCOURAGED TO TAKE AN ACTIVE PART IN THEIR CHILDREN'S LIVES AND IN PLANNING FOR THEIR CURRENT AND FUTURE NEEDS. THE AGENCY HELPS FAMILIES ARRANGE VISITS WITH THEIR SON OR DAUGHTER AT HOME AND WELCOMES FAMILY VISITS TO CARDINAL HAYES HOME. OUR TRAINED AND SKILLED STAFF GIVES NURTURING CARE AND SUPERVISION TO THE SPECIAL NEEDS YOUNG PEOPLE WHO RESIDE AT CHHC. OUR MEDICAL DEPARTMENT OVERSEES THE HEALTH NEEDS OF THE RESIDENTS AND WORKS IN CONCERT WITH MAJOR FACILITIES FOR EVALUATION AND TREATMENT OF SPECIAL CONDITIONS. THERE IS 24 HOUR STAFFING IN ALL OUR HOMES. IT IS OUR BELIEF THAT THE SPIRITUAL FORMATION OF A CHILD IS AN INTEGRAL PART OF HIS OR HER DEVELOPMENT. NON-DENOMINATIONAL PRAYER SERVICES APPROPRIATE FOR YOUNGSTERS WITH DEVELOPMENTAL DISABILITIES ARE HELD SEVERAL TIMES A YEAR. RELIGIOUS CEREMONIES ARE PLANNED IN COOPERATION WITH AREA CHURCHES AND SYNAGOGUES IN ACCORDANCE WITH THE WISHES OF THE FAMILY AND, WHERE

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

APPROPRIATE, THE INFORMED CHOICE OF THE RESIDENT.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

AND WELL BEING OF THE HANDICPPED INDIVIDUAL. THE FAMILY
OF THE DISABLED INDIVIDUAL AND CARDINAL HAYES HOME TRAINS
THE RESPITE WORKER.

OUR COMMUNITY RESPITE PROGRAM IS AN IMPORTANT PREVENTIVE
SERVICE FOR IT HELPS RELIEVE STRESS AND STENGTHEN THE
FAMILY'S ABILITY TO CARE FOR THE INDIVIUAL WITH THE
DEVELOPMENTAL DISABILITIES AT HOME, THUS REDUCING THE
INCIDENCE OF FAMILY CRISES AND SUBSEQUENT PLACEMENT OF
THE DISABLED FAMILY MEMBER INTO INSTITUTIONAL CARE.

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

PROGRAM ALSO OFFERS A WORK-STUDY COMPONENT FOR SEVERELY
DISABLED STUDENTS WHO WILL BE AGING-OUT OF THE EDUCATIONAL
SYSTEM.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

CASE MANAGEMENT - CARDINAL HAYES HOME IS SENSITIVE TO THE
SPECIAL CONCERNS AND PROBLEMS FACING PARENTS OF CHILDREN
WITH DEVELOPMENTAL DISABILITIES. OUR AGENCY REACHES OUT
TO THESE FAMILIES - NOT ONLY PARENTS OF OUR RESIDENTS,
BUT ALSO THOSE WHO CARE FOR A SON OR DAUGHTER AT HOME.
SERVICE COORDINATION IS PROVIDED BY CARDINAL HAYES STAFF
TO ASSIST FAMILIES IN OBTAINING SERVICES FOR A DISABLED
FAMILY MEMBER. THE AGENCY ALSO SPONSORS A SUPPORT GROUP

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

WHEREBY PARENTS CAN COME TOGETHER TO SHARE MUTUAL CONCERNS, OFFER ENCOURAGEMENT TO EACH OTHER AND RECEIVE GUIDANCE FROM CHHC PROFESSIONAL STAFF.

OTHER PROGRAM SERVICES - AGENCY MISSION - IN THE TRADITION OF THE FRANCISCAN MISSIONARIES OF MARY, SERVING THOSE MOST IN NEED, WE SHARE IN A MINISTRY OF SERVICE TO CHILDREN AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES. WITH PROFOUND BELIEF IN THE SACREDNESS AND VALUE OF EACH LIFE, OUR SPIRIT OF CARING REFLECTS COMPASSION AND REVERENCE.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

FREDRICK WILHELM

SHARON WILHELM

BOARD MEMBER

BOARD MEMBER

HUSBAND & WIFE

ELIZABETH WOLF

BENJAMIN HAYDEN

PRESIDENT

BOARD MEMBER

SISTER INLAW - BROTHER INLAW

KATHRYN HURLEY

MARY HURLEY

BOARD MEMBER

AS SECRETARY

SISTER INLAWS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINAL DRAFT OF THE 990 IS PRESENTED TO THE AUDIT COMMITTEE FOR FINAL REVIEW, DISCUSSION AND APPROVAL FOR DISTRIBUTION TO THE FULL BOARD. THE

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

RETURN IS MADE IS AVAILABLE TO THE BOARD IN HARD OR ELECTRONIC FORM AND THE AUDIT COMMITTEE REPORTS ON ITS DISCUSSION TO THE BOARD. UPON DISCUSSION AND RECOMENDATION FROM THE AUDIT COMMITTEE THE FULL BOARD APPROVES THE SUBMISSION OF THE FORM.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

IN THE EVENT THAT THE BOARD CONSIDERS AN ISSUE THAT INVOLVES THE FINANCIAL RELATIONSHIP BETWEEN CHHC AND A MEMBER OF THE BOARD, THE BOARD MEMBER WILL DISCLOSE TO THE BOARD THE FINANCIAL RELATIONSHIP THAT THE PARTICULAR BOARD MEMBER HAS WITH RESPECT TO THE ISSUE. NO CONTRACT OR OTHER TRANSACTION BETWEEN CHHC AND A BOARD MEMBER IN WHICH THERE EXISTS A CONFLICT OF INTEREST SHALL BE EITHER VOID OR VOIDABLE FOR THIS REASON ALONE OR BY REASON THAT SUCH BOARD MEMBER IS PRESENT AT THE MEETING OF THE BOARD, OR OF A COMMITTEE THEROF, WHICH AUTHORIZES SUCH CONTRACT OR TRANSACTION, OR THAT SUCH BOARD MEMBER'S VOTE IS COUNTED FOR SUCH PURPOSE, IF THE MATERIAL FACTS AS TO SUCH BOARD MEMBER'S INTERESTS IN SUCH CONTRACT OR TRANSACTION ARE DISCLOSED IN GOOD FAITH OR KNOWN TO THE BOARD OR COMMITTEE, AND THE BOARD OR COMMITTEE AUTHORIZES SUCH CONTRACT OR TRANSACTION BY A VOTE SUFFICIENT FOR SUCH PURPOSE WITHOUT COUNTING THE VOTE OR VOTES OF SUCH BOARD MEMBER.

BOARD MEMBERS WHO SERVE AS EMPLOYEES OR VOLUNTEERS IN A DECISION-MAKING CAPACITY ON BEHALF OF ANOTHER ORGANIZATION WITH WHICH CHHC IS WORKING OR TRANSACTING BUSINESS, SHALL INFORM THE BOARD PRESIDENT AND THE EXECUTIVE DIRECTOR AS TO THEIR INVOLVEMENT IN THE SAID ORGANIZATION.

IN THE EVENT OF AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, THE MINUTES OF THR BOARD AND ALL COMMITTEES WITH THE BOARD-DELEGATED POWERS SHALL CONTAIN:

- 1- THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED.

2- THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BYLAWS OF CHHC ESTABLISH A COMPENSATION COMMITTEE THAT HAS GENERAL OVERSIGHT OF THE ORGANIZATION'S HUMAN RESOURCE PLAN. SPECIFIC DUTIES INCLUDE YEARLY EVALUATION OF THE EXECUTIVE DIRECTOR AND OTHER OFFICERS AND MANAGEMENT OFFICIALS.

A COMPETENT SALARY SURVEY IS USED TO BENCHMARK COMPENSATION FOR THE POSITION UTILIZING INDUSTRY SPECIFIC REPORTS AND OTHER STUDIES. THE COMMITTEE MEETS INDEPENDENT OF THE CHIEF EXECUTIVE TO DISCUSS PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION. THE COMMITTEE ALSO CONSIDERS INPUT OBTAINED FROM OTHER BOARD MEMBERS, STAFF, PROFESSIONAL ADVISORS, AND OTHER INFORMED COMMUNITY LEADERS.

ONCE A CONSENSUS IS REACHED REGARDING PERFORMANCE, A SIMILAR DISCUSSION IS HELD CONCERNING COMPENSATION RELATIVE TO ANNUAL BENCHMARK AND ESTABLISHED OBJECTIVES.

THE COMMITTEE PRESENTS ITS FINDINGS AND RECOMMENDATIONS, IN AN EXECUTIVE SESSION WITHOUT THE EXECUTIVE DIRECTOR AND OTHER OFFICER OR MANAGEMENT OFFICIALS PRESENT, TO THE FULL BOARD FOR REVIEW AND APPROVAL.

THE DECISION OF THE BOARD OR SUB-COMMITTEE ON THE AMOUNT OF COMPENSATION

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

PAID TO AN INDIVIDUAL SHOULD BE ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT. THE RECORDS OR BOARD MINUTES OF THE BOARD OR SUB-COMMITTEE SHOULD DOCUMENT:

THE DATE OF THE DECISION

THE MEMBERS PRESENT DURING THE DECISION AND THOSE WHO VOTED ON IT

THE FULL TERMS OF THE TRANSACTION APPROVED

THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION

HOW THE COMPARABLE DATA WAS OBTAINED

THE COMMITTEE AND OR BOARD CHAIR THEN MEET WITH THE EMPLOYEE TO DISCUSS AND DOCUMENT STRENGTHS, WEEKNESSES, AND GOALS FOR THE UPCOMING YEAR.

COMPENSATION FOR THE UPCOMONG YEAR IS ALSO DISCUSSED AND DOCUMENTED.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SEE 15 A

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

SENT UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number
14-1395444

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARDINAL HAYES SCHOOL FOR SPECIAL C PO BOX CH ST JOSEPH'S DR 22-2511306 MILLBROOK NY 12545	SCHOOL	NY	501 C3	2	N/A		X
(2)							
(3)							
(4)							
(5)							

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

(a) 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 alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1)							
(2)							
(3)							
(4)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

(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
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2010
 Attachment Sequence No. **67**

(99)

u See separate instructions.

u Attach to your tax return.

Name(s) shown on return

CARDINAL HAYES HOME FOR CHILDREN

Identifying number
14-1395444

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	609,939

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	609,939
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)