

Return of Organization Exempt From Income Tax

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

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning _____, and ending _____

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

Please use IRS label or print or type. See Specific Instructions.

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 - 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

G Gross receipts \$ **19,948,625**

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

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**) (insert no.) 4947(a)(1) or 527

J Website: **CARDINALHAYESHOME.ORG**

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

K Type 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: COMPASSIONATE CARE FOR YOUNG PEOPLE WHO ARE DISABLED		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	445
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	348,246	633,399
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,329,917	18,236,475
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,395	44,795
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,469	9,693
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)	12,002,010	13,568,598
	16a Professional fundraising fees (Part IX, column (A), line 11e)		10,913
	b Total fundraising expenses (Part IX, column (D), line 25) u	116,992	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,395,875	4,649,425
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,397,885	18,228,936	
19 Revenue less expenses. Subtract line 18 from line 12	359,142	695,426	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	12,533,338	13,037,088
	22 Net assets or fund balances. Subtract line 21 from line 20	8,138,020	8,127,933

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's Use Only

Preparer's signature: **MARY JANE PISANI, CPA** Date: **7/20/09** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **FRANK J. SCARANO & COMPANY**
2 HAMILTON AVE STE 211
NEW ROCHELLE, NY 10801-3523

Preparer's identifying number (see instructions): **P00544583** EIN: **u 13-2741716** Phone no.: **u 914-632-6633**

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

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

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 \$ **15,031,857** including grants of \$) (Revenue \$ **17,527,130**)

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 \$ **139,902** including grants of \$) (Revenue \$ **147,179**)

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 \$ **312,255** including grants of \$) (Revenue \$ **366,999**)

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

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

(Expenses \$ **229,146** including grants of \$) (Revenue \$ **211,325**)

4e Total program service expenses u \$ **15,713,160** (Must equal Part IX, Line 25, column (B).)

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?	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? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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 U.S.?		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 U.S.? If "Yes," complete Schedule F, Part I		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, Part II		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, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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)? If "Yes," complete Schedule R, Part V, line 2		X
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 29		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
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		
	2a 445		
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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?		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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other 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		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	19
b	Enter the number of voting members that are independent	1b	19
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?	2	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?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
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?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	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:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
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?	16a	X
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?	16b	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

I 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.

I 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.

I 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR THOMAS BEAUMONT BOARD MEMBER	1	X					0	0	0	
SR MARY GRIFFIN BOARD MEMBER	1	X					0	0	0	
BENJAMIN HAYDEN BOARD MEMBER	1	X					0	0	0	
KATHRYN HURLEY BOARD MEMBER	1	X					0	0	0	
RONALD V. MOSCA BOARD MEMBER	1	X					0	0	0	
SR NOREEN MURRAY BOARD MEMBER	1	X					0	0	0	
PATRICIA NISHBALL BOARD MEMBER	1	X					0	0	0	
DR EDWARD J. O'KEEFE BOARD MEMBER	1	X					0	0	0	
MARGUERITE A. ROTUNNO BOARD MEMBER	1	X					0	0	0	
FELICITAS S. THORNE BOARD MEMBER	1	X					0	0	0	
THOMAS W. TRILLER BOARD MEMBER	1	X					0	0	0	
ANN D. WHALEN BOARD MEMBER	1	X					0	0	0	
DR FREDERICK C. WILHELM BOARD MEMBER	1	X					0	0	0	
SHARON L. WILHELM BOARD MEMBER	1	X					0	0	0	
ROBERT KNAPP BOARD MEMBER	1	X					0	0	0	
FRED APERS EXEC DIRECTO	35			X			196,713	0	26,336	
JOHN HALVORSEN FISCAL DIREC	35			X			151,677	0	32,103	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY HURLEY AST SECRETAR	35			X				45,954	0	2,002
ELIZABETH WOLF PRESIDENT	1			X				0	0	0
SR MARY PETROSKY VICE PRES	1			X				0	0	0
SR ANNE TURBINI SECRETARY	1			X				0	0	0
KENNETH ANDERSON TREASURER	1			X				0	0	0
ANTHONY FRENZEL DIR SUP SVS	35					X		124,584	0	20,043
MARILYN DVOZENJA DIR OF HRA	35					X		119,550	0	13,671
CHRISTINE MATTSON DIR RES SVS	35					X		102,314	0	14,370
1b Total							u	740,792		108,525

2 Total number of individuals (including those in 1a) 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 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 those in 1) 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	633,399			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	633,399			
Program Service Revenue		Busn. Code				
	2a CARE AND MAINTENANCE		16,564,027	16,564,027		
	b FACILITY ASSESSMENT		867,614	867,614		
	c GOVERNMENT CONTRACTS		541,644	541,644		
	d RENTAL INCOME		167,701	167,701		
	e SCHOOL LUNCH & BREAKFAST		95,489	95,489		
	f All other program service revenue					
g Total. Add lines 2a-2f	u	18,236,475				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	53,121			53,121
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	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	(ii) Other			
		1,015,937				
	b Less: cost or other basis & sales exps.	1,024,263				
	c Gain or (loss)	-8,326				
	d Net gain or (loss)	u	-8,326	-8,326		
	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 VENDING MACHINE, SODA, CANDY, ET			4,498			4,498
b MISCELLANEOUS			3,021			3,021
c WATCH PROGRAM SALES			2,174	2,174		
d All other revenue						
e Total. Add lines 11a-11d	u		9,693			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	u		18,924,362	18,230,323	0	60,640

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	394,344		394,344	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,858,530	8,877,175	972,380	8,975
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	356,715	309,595	46,803	317
9 Other employee benefits	2,237,580	1,935,714	299,889	1,977
10 Payroll taxes	721,429	626,656	94,140	633
11 Fees for services (non-employees):				
a Management				
b Legal	5,467		5,467	
c Accounting	70,000		70,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	10,913			10,913
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	336,506	308,362	28,144	
17 Travel	162,730	152,963	9,767	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	408,611	388,085	20,526	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	576,986	504,641	71,931	414
23 Insurance	145,695	7,860	137,835	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FACILITY ASSESSMENT	867,614	867,614		
b FOOD	576,969	572,229	4,291	449
c SUPPLIES	341,460	305,144	35,507	809
d PURCHASE OF SERVICES	280,321	173,293	107,028	
e PURCHASE OF HEALTH SERVIC	199,539	199,439	100	
f All other expenses	677,527	484,390	100,632	92,505
25 Total functional expenses. Add lines 1 through 24f	18,228,936	15,713,160	2,398,784	116,992
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	335,174	1	594,818
	2 Savings and temporary cash investments	526,101	2	815,225
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,372,609	4	2,072,404
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,218	8	3,386
	9 Prepaid expenses and deferred charges	196,710	9	198,721
	10a Land, buildings, and equipment: cost basis	10a 12,025,407		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 3,772,045	10c	8,253,362
	11 Investments—publicly traded securities	1,328,374	11	1,099,172
	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)	12,533,338	16	13,037,088	
Liabilities	17 Accounts payable and accrued expenses	2,021,212	17	2,458,879
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		24	
	25 Other liabilities. Complete Part X of Schedule D	6,116,808	25	5,669,054
	26 Total liabilities. Add lines 17 through 25	8,138,020	26	8,127,933
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	4,317,460	27	4,728,014
	28 Temporarily restricted net assets	77,858	28	181,141
	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	4,395,318	33	4,909,155
34 Total liabilities and net assets/fund balances	12,533,338	34	13,037,088	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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
b	If "Yes," did the organization undergo the required audit or audits?		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	446,233	695,344	297,519	348,246	633,399	2,420,741
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 1-3	446,233	695,344	297,519	348,246	633,399	2,420,741
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)						735,719
6 Public support. Subtract line 5 from line 4						1,685,022

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	446,233	695,344	297,519	348,246	633,399	2,420,741
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,960	45,047	68,413	61,933	53,121	266,474
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.)	7,973	6,431	12,308	8,469	9,693	44,874
11 Total support. Add lines 7 through 10						2,732,089

12 Gross receipts from related activities, etc. (see instructions) 12 84,712,155

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 2008 (line 6, column (f) divided by line 11, column (f))	14	61.6752 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	62.1108 %

16a 33 1/3 % support test—2008. 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—2007. 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—2008. 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—2007. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. 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—2007. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

VENDING MACHINE \$ 14,674

WATCH PROGRAM SALES \$ 13,378

MISCELLANEOUS \$ 16,822

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

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. Includes questions 1-6 regarding donor advised funds.

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. Includes questions 1-9 regarding conservation easements and a sub-table for 'Held at the End of the Year'.

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. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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

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

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

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds. Complete if 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	1,493,416				
b Contributions	56,190				
c Investment earnings or losses	-141,485				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	10,289				
g End of year balance	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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		561,119		561,119
b Buildings		9,643,022	2,685,827	6,957,195
c Leasehold improvements				
d Equipment		1,206,441	677,003	529,438
e Other		614,825	409,215	205,610
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)		u		8,253,362

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,924,362
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,228,936
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	695,426
4	Net unrealized gains (losses) on investments	4	-181,589
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-181,589
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	513,837

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	18,742,773
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-181,589
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	-181,589
3	Subtract line 2e from line 1	3	18,924,362
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	18,924,362

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

1	Total expenses and losses per audited financial statements	1	18,228,936
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	18,228,936
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	18,228,936

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
THE BOARD DESIGNATED ENDOWMENT FUND WAS ESTABLISHED IN 2001 FOR THE FUTURE
SUPPORT OF CARDINAL HAYES HOME FOR CHILDREN'S PRIMARY MISSION - TO SUPPORT
THE DISABLED RESIDENTS AND PROGRAMS OF CARDINAL HAYES HOME.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

u Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization

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 line 1a is 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	1b	
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?	2	
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:		
a Receive a severance payment or change of control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.		
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?	5a	X
b Any related organization?	5b	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?	6a	X
b Any related organization?	6b	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	7	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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) 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					
FRED APERS	(i)	196,713	0	0	16,828	9,508	223,049	186,872
	(ii)	0	0	0	0	0	0	0
JOHN HALVORSEN	(i)	151,677	0	0	12,017	20,086	183,780	148,869
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

u Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008Open to Public
Inspection

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number
14-1395444**FORM 990 - ORGANIZATION'S MISSION**

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 OMRDD (OFFICE OF MENTAL RETARDATION AND 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 FACILITIES. ON OUR MILLBROOK CAMPUS, THERE ARE SEVEN HANDICAPPED ACCESSIBLE RESIDENCES. SIXTY CHILDREN AND YOUNG ADULTS ARE IN THE MILLBROOK ICF (INTERMEDIATE CARE

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

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 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

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

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
APPROPRIATE, THE INFORMED CHOICE OF THE RESIDENT.

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

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

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 PRODUCTIVELY AND DEVELOP A MORE POSITIVE SELF-ESTEEM. THE 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 WHEREBY PARENTS CAN COME TOGETHER TO SHARE MUTUAL CONCERNS, OFFER ENCOURAGEMENT TO EACH OTHER AND RECEIVE

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

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

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED 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 FORM IS MADE AVAILABLE TO THE BOARD IN HARD OR ELECTONIC FORM AND THE AUDIT COMMITTEE REPORTS ON ITS DISCUSSION TO THE BOARD. 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

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

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 THE 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 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.

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

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. DURING THESE DELIBERATIONS, THE COMMITTEE ALSO CONSIDERS INPUT OBTAINED FROM OTHER BOARD MEMBERS, STAFF, PROFESSIONAL ADVISORS, GRANT RECIPIENTS, 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.

Name of the organization

CARDINAL HAYES HOME FOR CHILDREN

Employer identification number

14-1395444

THE DECISION OF THE BOARD OR SUB-COMMITTEE ON THE AMOUNT OF COMPENSATION 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, WEAKNESSES, AND GOALS FOR THE UPCOMING YEAR. COMPENSATION FOR THE UPCOMING YEAR IS ALSO DISCUSSED AND DOCUMENTED.

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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

Open to Public Inspection

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **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 Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
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

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispro- portionate alloc.?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2008

Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ 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 the instructions for a higher limit for certain businesses	1	250,000
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	800,000
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 2007 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 2009. 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	576,986

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 2008	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 2008 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 2008 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 instr.	22	576,986
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** (2008)