

Return of Organization Exempt From Income Tax

2003

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning **July 1**, 2003, and ending **June 30**, 20**04**

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

C Name of organization
MARYHAVEN, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1791 ALUM CREEK DRIVE

City or town, state or country, and ZIP + 4
COLUMBUS, OHIO 43207-1708

D Employer identification number
31 0732345

E Telephone number
(614) 445-8131

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.MARYHAVEN.COM**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

- H** and **I** are not applicable to section 527 organizations.
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **12,038,809**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support		1a	160,941		
b Indirect public support		1b	338,476		
c Government contributions (grants)		1c	7,977,571		
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		1d		8,476,988	
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		3,460,484	
3 Membership dues and assessments		3			
4 Interest on savings and temporary cash investments		4		9,822	
5 Dividends and interest from securities		5			
6a Gross rents		6a			
b Less: rental expenses		6b			
c Net rental income or (loss) (subtract line 6b from line 6a)		6c			
7 Other investment income (describe ▶)		7			
8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		
b Less: cost or other basis and sales expenses		8a			
c Gain or (loss) (attach schedule)		8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8c			
8d		8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a			
b Less: direct expenses other than fundraising expenses		9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)		9c			
10a Gross sales of inventory, less returns and allowances		10a			
b Less: cost of goods sold		10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c			
11 Other revenue (from Part VII, line 103)		11		91,515	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12		12,038,809	
Expenses	13 Program services (from line 44, column (B))	13		10,345,528	
	14 Management and general (from line 44, column (C))	14		869,946	
	15 Fundraising (from line 44, column (D))	15		18,155	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		11,233,629	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		805,180	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		7,243,660	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		8,048,840	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	331,436	95,025	236,411	
26	Other salaries and wages	6,138,588	5,869,020	260,000	9,568
27	Pension plan contributions	211,046	164,750	46,022	274
28	Other employee benefits	599,771	560,338	38,503	930
29	Payroll taxes	567,593	523,205	43,550	838
30	Professional fundraising fees				
31	Accounting fees	12,440		12,440	
32	Legal fees	47,792		47,792	
33	Supplies	398,318	383,746	14,572	
34	Telephone	71,005	70,128	877	
35	Postage and shipping	13,475	2,552	9,349	1,574
36	Occupancy	718,520	718,520		
37	Equipment rental and maintenance	30,514	27,221	3,293	
38	Printing and publications	96,052	45,179	45,902	4,971
39	Travel	136,897	134,065	2,832	
40	Conferences, conventions, and meetings	25,172	189	24,983	
41	Interest	215,829	215,829		
42	Depreciation, depletion, etc. (attach schedule)	373,215	373,215		
43	Other expenses not covered above (itemize): a Dietary	240,341	240,341		
	b Laboratory Fees & Medications	236,486	233,252	3,234	
	c Other Professional Contracts	455,191	375,005	80,186	
	d Medical & Psychological Services	239,577	239,577		
	e Insurance	74,371	74,371		
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	11,233,629	10,345,528	869,946	18,155

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a Mental Health, Drug & Alcohol detoxification and rehabilitation services for a total of 3,779 clients _____ _____ (Grants and allocations \$ _____)	9,129,857
b _____ _____ (Grants and allocations \$ _____)	
c MESA (Maryhaven Exploring Sober Alternatives) drug and alcohol impaired driver intervention and UDP (Underage Drinking Program) for a total of 1,647 clients _____ _____ (Grants and allocations \$ _____)	302,231
d Engagement Center serving chronically alcoholic and homeless individuals for a total of 1,906 clients. _____ _____ (Grants and allocations \$ _____)	913,440
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	10,345,528

Part IV Balance Sheets (See page 25 of the instructions.)

		Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing			7,010	45	71,643
	46 Savings and temporary cash investments			1,857,744	46	2,427,619
	47a Accounts receivable	47a				
	b Less: allowance for doubtful accounts	47b			47c	
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable			1,350,396	49	1,715,081
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule).	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			15,197	52	17,495
	53 Prepaid expenses and deferred charges			52,968	53	57,838
	54 Investments—securities (attach schedule).		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule).	55b			55c	
	56 Investments—other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a	10,415,875			
	b Less: accumulated depreciation (attach schedule).	57b	1,720,289			
	58 Other assets (describe)			8,974,664	57c	8,695,586
58 Other assets (describe)				58		
59 Total assets (add lines 45 through 58) (must equal line 74)			12,257,979	59	12,985,262	
Liabilities	60 Accounts payable and accrued expenses			1,018,123	60	1,150,919
	61 Grants payable				61	
	62 Deferred revenue			5,624	62	8,392
	63 Loans from officers, directors, trustees, and key employees (attach schedule).				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶ Lease Payments to County & Bank)			3,990,572	65	3,777,111
66 Total liabilities (add lines 60 through 65)			5,014,319	66	4,936,422	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			7,053,265	67	7,867,970
	68 Temporarily restricted			190,395	68	180,870
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).			7,243,660	73	8,048,840	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			12,257,979	74	12,985,262	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	12,038,809
b	Amounts included on line a but not on line 12, Form 990:		
	(1) Net unrealized gains on investments . . . \$		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants . . . \$		
	(4) Other (specify):		
 \$		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	12,038,809
d	Amounts included on line 12, Form 990 but not on line a :		
	(1) investment expenses not included on line 6b, Form 990 . . . \$		
	(2) Other (specify):		
 \$		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	12,038,809

a	Total expenses and losses per audited financial statements . . . ▶	a	11,233,629
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 . . . \$		
	(4) Other (specify):		
 \$		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	11,233,629
d	Amounts included on line 17, Form 990 but not on line a :		
	(1) investment expenses not included on line 6b, Form 990 . . . \$		
	(2) Other (specify):		
 \$		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	11,233,629

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Paul H. Coleman 1299 Haddon Rd., Columbus, Oh. 43209	Pres. & CEO - 40+ hrs	141,736	18,426	0
Sylvia Thompson 69 Peach Blossom Rd., Pataskala, Oh. 43062	Chief Fin.Off. - 40+ hrs	94,675	12,308	0
Grant Schroeder 7351 Winnipeg Dr., Dublin, Oh. 43016	Chief Oper.Off.-40+ hrs	95,025	12,354	0
Board of Directors (See Attached)		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Maryhaven, Inc.
1791 Alum Creek Drive
Columbus, Ohio 43207-1708

EIN # 31-0732345

IRS Form 990
Fiscal Year Ended June 30, 2004

Part I, Line 1

(a) Direct Public Support	\$160,941
Individual amounts greater than 2% of line 1d for Form 990 (\$168,430)	\$0
Total	\$160,941
(b) Indirect Public Support	
United Way of Franklin County	\$338,476
(c) Government Grants	
Franklin County ADAMH Board	\$5,831,474
Franklin County Children's Services	\$692,181
Ohio Criminal Justice Service	\$300,414
Federal Probation/Pretrial	\$180,413
Department of Human Services	\$280,477
Ohio Dept. of Alcohol and Drug Addiction Services	\$29,781
National Institute on Drug Abuse	\$196,293
City of Columbus	\$466,538
Total	\$7,977,571

Part II, Line 42

Straight Line depreciation of furniture & equipment based on estimated useful life (3 - 7 years).

Straight Line depreciation of building based on estimated useful life of 40 years.

Part IV, Line 57 (b)

Accumulated Depreciation at 7/1/03	\$1,351,368
Add: Depreciation Expense	\$373,215
Less: Depreciation in Retired Assets	(\$4,294)
Accumulated Depreciation at 6/30/04	\$1,720,289

<p>The Honorable David E. Cain Chair of Board of Trustees (W) 462-3777 Common Pleas Judge (F) 462-2462 Franklin County Common Pleas Court 7-D 369 South High Street (Jane/Assistant) Columbus, OH 43215 (Karen/Bailiff) Jane_Willis@fccourts.org David_Cain@fccourts.org</p>	<p>Pastor Harold A. Hudson (w) 258-9933 Calvary Tremont Baptist Church 1255 Leonard Avenue Fax: 253-9569 Columbus, Ohio 43203 RevHARHudson@aol.com EMERGENCY ONLY: 537-7414</p>	<p>Sue Pohler, Esq. Use Sally# Attorney Jim Petro's Office Senior Deputy Director 101 East Town Street Columbus, Ohio 43215 Fax: 995-0501 (Sally/assistant) (W) 466-4510 Sbarailoux@ag.state.oh.us Spohler@ag.state.oh.us</p>
<p>Lana T. Ruebel (w) 466-0646 Vice Chair of Board of Trustees Chief of Staff Attorney General Petro's Office 30 East Broad Street, 17th Floor (f) 466-5087 Columbus, OH 43215 (Pam Long (assistant) (w) 752-6733 plong@ag.state.oh.us lruebel@ag.state.oh.us</p>	<p>Denise Johnson (w) 466-6691 2009 Walnut Hill Park (h) 864-9477 Columbus, Ohio 43232 fax: 644-8776 Tory Garrison, Assist. 466-6684 JohnsonD@occc.state.oh.us</p>	<p>The Honorable Guy Lester Reece II Franklin County Common Pleas Court – 7A Hall of Justice (W) 462-7200 369 South High Street Columbus, OH 43215 Marlene/Assistant (f) 462-2462 Guy_Reece_II@fccourts.org mail first marlene_walker-hanna@fccourts.org NOTE: EMAIL MARLENE AND JUDGE REECE FOR ALL MEETINGS</p>
<p>Doug Lumpkin (W) 466-4514 Secretary/Treasurer of Board of Trustees Chief Operating Officer Auditor of State Betty Montgomery's Office 88 East Broad Street -5th Floor FAX 466-4490 Columbus, OH 43215 Sharon Maynard (assistant) (Asst.#)* 466-4254 SLMaynard@auditor.state.oh.us</p>	<p>George Kaitza (W) 628-8353 Chief Operating Officer Ohio Police and Fire Pension Fund 140 E. Town Street Fax: 228-9530 Columbus, Ohio 43215 gkaitza@op.forg Bobbie Dorninick – Assist ant 628-8360 rdorninick@op.forg</p>	<p>The Honorable Lisa Sadler (w) 462-4054 10th District Court of Appeals 373 S. High Street, 24th Floor Columbus, Ohio 43215 (Marianne – assistant) (f) 462-7249 mrboswor@co.franklin.oh.us</p>
<p>Ed Gaydos, Senior Vice President, (W) 415-7770 Leadership & Organizational Development Limited Brands (F) 415-7172 Three Limited Parkway Columbus, OH 43230 egaydos@limitedbrands.com Tbitters@limitedbrands.com Trish Bitters/Assistant (W) 415-7319</p>	<p>Dr. Brad Lewis (W) 740-654-9589 600 Pleasantville Road Lancaster, OH 43130 ANSWERING SERVICE 614-687-9173 (Connie/assistant) FAX 740-689-3740 EMERGENCY ONLY: cell 740-225-1478 Coroner, Franklin Co (w) 462-5290 brobst@coroner.co.franklin.oh.us (f) 462-6002</p>	<p>Ann Schiele, President (W) 234-5213 Mount. Carmel College of Nursing 127 South Davis Ave (Ginny Gale/Assistant) Columbus, OH 43222 fax 234-2875 ggale@mchs.com (Ginny) aschiele@mchs.com (Ann)</p>
<p>The Honorable Carrie Glaeden (W) 645-8206 Municipal Court Judge (h) 771-1227 Fr. Co. Municipal Court 375 S. High Street, Courtroom 13A Columbus, OH 43215 FAX 645-7803 Toni Norwood – assistant Judy Schneider - bailiff HOME: 5142 Highland Meadows Drive Hilliard, OH 43026 (SEND HERE USUALLY) cegl24@netzero.net</p>	<p>Peter J. McGeoch (W) 451-8624 2007 Langham Road (F) 451-8624 (NOTE: Call him before faxing!) Columbus, Ohio 43221 (H) 459-8944 pjmcgeoch@columbus.rr.com EMERGENCY ONLY: Cell 519-2417</p>	<p>The Honorable Charles A. Schneider Common Pleas Judge (w) 462-3664 Fr. Co. Common Pleas Court 369 S. High Street Courtroom 9B Columbus, Ohio 43215 Fax: 462-3476 Karen Tomacelli – bailiff (w) 462-5928 karen_tomacelli@fccourts.org charles_schneider@fccourts.org</p>
<p>Eydie Glasstetter (W) 438-1426 Team Leader, Human Resources Rehabilitation Services Commission 400 East Campus View Boulevard Columbus, Ohio 43235-4604 (F) 438-1419 (Sandra Grader/assistant) sandra.grady@rsc.state.oh.us eydie.glasstetter@rsc.state.oh.us</p>	<p>Cecilia McGinnis-Padgette (H) 475-2977 3452 Society Hill Court Columbus, Ohio 43219 (w) 235-5361 McGinniscecece@aol.com</p>	<p>Kurtis A. Tunnell, Esq. (W) 227-2300 Bricker & Eckler (Neeley/Assistant) 100 South 3rd Street Columbus, OH 43215 fax 227-2390 Npettit@bricker.com</p>
<p>Alvin Hadley (H) 471-6613 2713 Woodcutter Ave Columbus, OH 43224-2534 FAX: same Alvinhadley@copper.net</p>	<p>Sue Moore, RN (W) 221-3141 Manuel Family Practice Center 270 S. Grant Ave. Columbus, Ohio 43215 (Fax) 221-4870 Semoore210@msn.com (NOTE: Fax her about meetings)</p>	<p>Skip Weiler, President (W) 221-4286 Robert J. Weiler and Co. (Carnie/assis) 41 South High Street, 10th Floor Columbus, OH 43215 fax 221-7069 cjeffrey@rweiler.com 419-4286 CELL #102 Emergency only</p>
<p>Edwin B. Hogan, President (W) 280-1299 New Visions Group, Inc. (Parnela Bell, assistant) 88 East Broad Street, Suite 1770 Columbus, OH 43215-3506 fax 280-1266 Pbell@newvisionsgroup.com Ehogan@newvisionsgroup.com EMERGENCY ONLY: cell: 746-6508</p>	<p>Bill Patterson (W) 486-5000 President RMA (Reputation Management Associates) 523 Park Street Columbus, Ohio 43215 fax 486-9284 bp@media-relations.com</p>	

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		✓
81a	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81b	Enter direct and indirect political expenditures. See line 81 instructions		✓
82a	Did the organization file Form 1120-POL for this year?		✓
82b	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		✓
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		✓
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. _____		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization. _____		
90a	List the states with which a copy of this return is filed Ohio		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	248	
91	The books are in care of Maryhaven Telephone no. (614) 445-8131 Located at 1791 Alum Creek Drive, Columbus, Ohio ZIP + 4 43207-1708		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here _____ and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Fee For Service					560,560
b					
c					
d					
e					
f Medicare/Medicaid payments					2,091,878
g Fees and contracts from government agencies					808,046
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					9,822
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Dietary & Vending			03	49,793	
b Miscellaneous			01	41,722	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				91,515	3,470,306
105 Total (add line 104, columns (B), (D), and (E)).					3,561,821

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: *Sylvia Thompson* Date: 10/21/04

Sylvia Thompson, Chief Financial Officer

Type or print name and title.

Paid Preparer's Use Only

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

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

EIN: _____ Phone no: _____



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2003

Name of the organization
MARYHAVEN, INC.

Employer identification number
31 0732345

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Steve Albanese 242 Todd Court, Marysville, Oh. 43040	Dir.QA/Planning - 40+	77,083	10,020	0
Joyce Frazier Clark 2815 Scottwood Rd., Columbus, Oh. 43209	Dir.HR/Diversity - 40+	74,877	9,734	0
Greg Brigham 903 Cuthbert Ct., Reynoldsburg, Oh. 43068	Chief Research - 40+	87,802	2,634	0
Cha 2993 Elspeth Ct., Columbus, Oh. 43231	Dir.Adult Service- 40+	67,389	2,022	0
Vivian Russell 323 Northgate Ct., Westerville, Oh. 43081	Controller	66,255	1,988	0
Total number of other employees paid over \$50,000 ▶	8			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Alvin Pelt, MD 134 B-1 North Woods Blvd., Columbus, Oh. 43235	Medical & Psychiatric Services	140,616
Paul Schkolnik 342 Harrogate Ct., Westerville, Oh. 43082	Psychological Services	63,453
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		✓
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		✓
b	Lending of money or other extension of credit?		✓
c	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e	Transfer of any part of its income or assets?		✓
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		✓
b	Do you have a section 403(b) annuity plan for your employees?	✓	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Maryhaven, Inc.
1791 Alum Creek Drive
Columbus, Ohio 43207-1757

EIN # 31-0732345

IRS Form 990
Schedule A
Fiscal Year Ended June 30, 2004

Part III, Line 3

Maryhaven does not issue grants nor loans to individuals or organizations. 403(b) annuity plan is strictly for the employee's retirement benefit.

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,054,682	8,340,710	7,653,215	6,639,603	30,688,210
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,573,943	1,393,140	1,472,723	1,836,583	7,276,389
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,178	33,307	70,459	56,696	175,640
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. (Do not include tax value of services or facilities generally furnished to the public.)					
include gain or loss from sale of capital assets	116,563	117,794	87,102	104,095	425,554
23 Total of lines 15 through 21	10,760,366	9,882,690	9,314,191	8,619,984	38,577,231
24 Line 23 minus line 20	8,186,423	8,489,550	7,841,468	6,783,401	31,300,842
25 Enter 1% of line 23	107,604	98,827	93,142	86,200	
26 Organizations described on lines 10 or 11:					26a 626,017
a Enter 2% of amount in column (e), line 24					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 25a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 31,300,842
d Add: Amounts from column (e) for lines:	18 175,640	19	22 425,554	26b	26d 601,194
e Public support (line 26c minus line 26d total)					26e 30,699,648
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.08 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2002)	(2001)	(2000)	(1999)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2002)	(2001)	(2000)	(1999)	
c Add: Amounts from column (e) for lines:	15	16	17	20	27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39).	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)).					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2003

Name of organization

MARYHAVEN, INC.

Employer identification number

31 : 0732345

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MARYHAVEN, INCEmployer identification number
31-0732345**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Katherine S. LeVeque 50 West Broad Street Columbus, Ohio 43215	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
MARYHAVEN, INC

Employer identification number
31 0732345

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....