

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> <b>MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.</b>		<b>D Employer identification number</b> 22-1568417
		Doing Business As		<b>E Telephone number</b> (973) 509-9777
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>33 SO. FULLERTON AVENUE</b>	<b>G Gross receipts \$</b> 8,679,042.	
		City or town, state or country, and ZIP + 4 <b>MONTCLAIR, NJ 07042</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>F Name and address of principal officer:</b> ROBERT DAVISON SAME AS C ABOVE				
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.MHAESSEX.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1950 <b>M State of legal domicile:</b> NJ	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE MENTAL HEALTH IMPROVE THE CARE AND TREATMENT OF INDIVIDUALS WITH MENTAL ILLNESS AND REMOVE</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	27	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	27	
	<b>5</b>	Total number of employees (Part V, line 2a)	167	
	<b>6</b>	Total number of volunteers (estimate if necessary)	7	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	0.		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	6,100,798.	6,070,177.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,779,720.	1,874,779.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,283.	26,125.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	223,394.	148,552.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,156,195.	8,119,633.	
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,173,148.	6,149,360.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 111,041.		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,082,961.	2,035,143.	
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,256,109.	8,184,503.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-99,914.	-64,870.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	4,866,860.	5,607,842.
	<b>21</b>	Total liabilities (Part X, line 26)	2,531,437.	3,268,266.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,335,423.	2,339,576.	

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>ROBERT DAVISON, EXECUTIVE DIRECTOR</b>	
Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>MALESARDI, QUACKENBUSH, SWIFT &amp; CO., LLC</b> <b>155 NORTH DEAN STREET - SUITE 5</b> <b>ENGLEWOOD, NJ 07631</b>		EIN ▶	Phone no. ▶ (201) 567-4100

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO PROMOTE MENTAL HEALTH, IMPROVE THE CARE AND TREATMENT OF INDIVIDUALS WITH MENTAL ILLNESS AND REMOVE THE STIGMA ASSOCIATED WITH EMOTIONAL AND MENTAL DISORDERS. THIS MISSION IS ACCOMPLISHED THROUGH ADVOCACY, PREVENTION, EARLY INTERVANTION, TREATMENT AND SERVICE.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

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 \$ 1,722,415. including grants of \$ ) (Revenue \$ 843,315.) PROSPECT HOUSE - A PROGRAM DESIGNED TO MEET THE NEEDS OF INDIVIDUALS WHO HAVE BEEN PSYCHIATRICALY HOSPITALIZED AND THOSE WITH SEVERE AND PERSISTENT MENTAL ILLNESS.

4b (Code: ) (Expenses \$ 1,682,036. including grants of \$ ) (Revenue \$ 865,161.) INTEGRATED CASE MANAGEMENT SERVICES (ICMS) PROVIDES COMMUNITY-BASED ("IN VIVO"), ASSERTIVE AND CLIENT-ORIENTED OUTREACH AND MONITORING. ICMS SERVES PERSONS DIAGNOSED WITH A SERIOUS AND PERSISTENT MENTAL ILLNESS WHO NEED ASSISTANCE, SUPPORT, ADVOCACY, REFERRAL, AND INTERVENTION IN ALL AREAS OF MAINTENANCE FOR MANAGEMENT OF MENTAL HEALTH.

4c (Code: ) (Expenses \$ 703,619. including grants of \$ ) (Revenue \$ 13,800.) THE MISSION OF SLS IS TO INCREASE ACCESSIBILITY TO QUALITY AFFORDABLE HOUSING IN ESSEX COUNTY TO INDIVIDUALS DIAGNOSED WITH A SERIOUS AND PERSISTENT MENTAL ILLNESS AND TO PROVIDE COMPREHENSIVE, HIGH QUALITY MENTAL HEALTH SERVICES. IN DOING SO, WE ENDEAVOR TO HELP INDIVIDUALS DEVELOP A PERSONAL WELLNESS AND RECOVERY PLAN LEADING TO SUCCESSFUL RE-INTEGRATION INTO THE COMMUNITY.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,705,622. including grants of \$ ) (Revenue \$ 156,303.)

4e Total program service expenses \$ 6,813,692.

**MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.**

Form 990 (2009)

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**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	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? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		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? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		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? <i>If "Yes," complete Schedule F, Part II</i> .....		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? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

Form **990** (2009)

**MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.**

Form 990 (2009)

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

Form **990** (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 33		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 1		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 167		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	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
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966? N/A		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 N/A	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders N/A	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
	<b>1a</b> 27		
<b>b</b>	Enter the number of voting members that are independent .....		
	<b>1b</b> 27		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NJ**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ASSOCIATION - (973) 509-9777**  
**33 SO. FULLERTON AVENUE, MONTCLAIR, NJ 07042**

**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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
BETH ADUBATO TRUSTEE	1.00	X					0.	0.	0.	
CINDY BRINEY TRUSTEE	1.00	X					0.	0.	0.	
MARITZA BROWN TRUSTEE	1.00	X					0.	0.	0.	
MARION BUCHNER TRUSTEE	1.00	X					0.	0.	0.	
ANTHONY CANNELLA TRUSTEE	1.00	X					0.	0.	0.	
KATHEEN CULLINA-BESSEY TRUSTEE	1.00	X					0.	0.	0.	
SHEILA DRILL TRUSTEE	1.00	X					0.	0.	0.	
BETH FURMAN TRUSTEE	1.00	X					0.	0.	0.	
STELLA GELLER TRUSTEE	1.00	X					0.	0.	0.	
JOSEPH GERVASI TRUSTEE	1.00	X					0.	0.	0.	
JERRY HARWOOD TRUSTEE	1.00	X					0.	0.	0.	
JANE HOCHBERG TRUSTEE	1.00	X					0.	0.	0.	
STEPHEN H. KNEE TRUSTEE	1.00	X					0.	0.	0.	
DEBORAH MARCUS TRUSTEE	1.00	X					0.	0.	0.	
BARRY NOVIN TRUSTEE	1.00	X					0.	0.	0.	
DAWN POWERS TRUSTEE	1.00	X					0.	0.	0.	
SYLVIA RISKIN TRUSTEE	1.00	X					0.	0.	0.	

**MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.**

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**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			
FELICE RUBENSTEIN TRUSTEE	1.00	X					0.	0.	0.	
BEA SHERMAN TRUSTEE	1.00	X					0.	0.	0.	
BRIDGITTE WOLKOFF TRUSTEE	1.00	X					0.	0.	0.	
ALFRED PIERRI PRESIDENT	1.00	X		X			0.	0.	0.	
CRAIG ALEXANDER VICE PRESIDENT	1.00	X		X			0.	0.	0.	
DAVID SILVERSTROM VICE PRESIDENT	1.00	X		X			0.	0.	0.	
KELLY FRANK V.P./TREASURER	1.00	X		X			0.	0.	0.	
NAOMI KRUVANT SECRETARY	1.00	X		X			0.	0.	0.	
ROBERT DAVISON EXECUTIVE DIRECTOR	40.00			X	X		179,472.	0.	8,162.	
TRINA PARKS ASSOCIATE EXECUTIVE DIRECTOR	40.00				X		117,094.	0.	11,582.	
<b>1b Total</b>							511,122.	0.	30,113.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
STADTMAN REMODELING AND CONTRACTING 160 CENTRAL AVENUE, WEST CALDWELL, NJ 07006	REMODELING	249,245.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

Form **990** (2009)



**MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.**

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<b>Part VIII Statement of Revenue</b>							
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	18,625.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	31,932.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,837,187.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	182,433.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			6,070,177.			
	<b>Program Service Revenue</b>	<b>2 a</b> <u>INTEGRATED CASE MGMT S</u>	Business Code	624100	865,161.	865,161.	
<b>b</b> <u>PROSPECT HOUSE</u>			624100	843,315.	843,315.		
<b>c</b> <u>YOUTH PROGRAM</u>			624100	80,224.	80,224.		
<b>d</b> <u>CRIMINAL JUSTICE/JAIL</u>			624100	39,684.	39,684.		
<b>e</b> <u>CENTER FOR LOW COST PS</u>			624100	36,395.	36,395.		
<b>f</b> All other program service revenue			900099	10,000.	10,000.		
<b>g Total.</b> Add lines 2a-2f				1,874,779.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			29,568.	29,568.		
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents		(i) Real				
		<b>b</b> Less: rental expenses	(ii) Personal				
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>b</b> Less: cost or other basis and sales expenses	(ii) Other				
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)			-3,443.	-3,443.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 31,932. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		163,281.			
		<b>b</b> Less: direct expenses		59,816.			
		<b>c</b> Net income or (loss) from fundraising events			103,465.		103,465.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b> OTHER INCOME - CSH FOR		900099	30,898.	30,898.			
<b>b</b> RENTAL INCOME - SLS		623990	13,800.	13,800.			
<b>c</b> MISCELLANEOUS INCOME		900099	389.	389.			
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			45,087.				
<b>12 Total revenue.</b> See instructions.			8,119,633.	1,945,991.	0.	103,465.	

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Form **990** (2009)

**MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.**

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**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).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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 .....	182,573.	18,257.	127,801.	36,515.
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 .....	4,750,840.	4,022,618.	683,295.	44,927.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	143,018.	117,144.	23,513.	2,361.
9 Other employee benefits .....	644,380.	527,800.	105,942.	10,638.
10 Payroll taxes .....	428,549.	351,017.	70,457.	7,075.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	3,740.	2,310.	1,430.	
c Accounting .....	33,000.	27,786.	5,214.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	560,697.	524,659.	36,038.	
12 Advertising and promotion .....	52,786.	51,900.	886.	
13 Office expenses .....	350,568.	296,841.	51,092.	2,635.
14 Information technology .....	97,655.	69,925.	24,801.	2,929.
15 Royalties .....				
16 Occupancy .....	469,545.	439,138.	30,407.	
17 Travel .....	91,833.	79,564.	10,792.	1,477.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	34,320.	11,134.	21,123.	2,063.
20 Interest .....				
21 Payments to affiliates .....	9,357.		9,357.	
22 Depreciation, depletion, and amortization .....	189,378.	161,235.	28,143.	
23 Insurance .....	105,461.	100,969.	4,492.	
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 <b>MISCELLANEOUS</b> .....	26,020.	612.	24,987.	421.
b <b>BAD DEBT</b> .....	9,267.	9,267.		
c <b>EQUIPMENT MAINTENANCE</b> .....	1,516.	1,516.		
d .....				
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	8,184,503.	6,813,692.	1,259,770.	111,041.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.**

Form 990 (2009)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	48,312.	1	8,435.	
	<b>2</b> Savings and temporary cash investments .....	79,216.	2	37,097.	
	<b>3</b> Pledges and grants receivable, net .....	322,925.	3	202,856.	
	<b>4</b> Accounts receivable, net .....	110,416.	4	152,902.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				5
	<b>6</b> 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
	<b>7</b> Notes and loans receivable, net .....				7
	<b>8</b> Inventories for sale or use .....				8
	<b>9</b> Prepaid expenses and deferred charges .....	88,616.	9	213,149.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	4,861,974.			
	<b>b</b> Less: accumulated depreciation .....	1,121,134.			
	<b>11</b> Investments - publicly traded securities .....	3,152,981.	10c	3,740,840.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,064,394.	11	1,149,281.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		12		
	<b>14</b> Intangible assets .....		13		
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	14	103,282.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,866,860.	15	5,607,842.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	611,183.	16	482,149.	
	<b>18</b> Grants payable .....		17		
	<b>19</b> Deferred revenue .....	42,128.	18	24,000.	
	<b>20</b> Tax-exempt bond liabilities .....		19		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		20		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		21		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,878,126.	22	2,762,117.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		23		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		24		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,531,437.	25	3,268,266.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,572,684.	26	1,763,919.	
	<b>28</b> Temporarily restricted net assets .....	692,239.	27	505,157.	
	<b>29</b> Permanently restricted net assets .....	70,500.	28	70,500.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		29		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		30		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		31		
	<b>33</b> Total net assets or fund balances .....	2,335,423.	32	2,339,576.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,866,860.	33	5,607,842.		

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	X	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. <b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....	X	

Form **990** (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.** Employer identification number **22-1568417**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**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)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4389401.	4581107.	5875480.	6100798.	6038245.	26985031.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4389401.	4581107.	5875480.	6100798.	6038245.	26985031.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						26985031.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	4389401.	4581107.	5875480.	6100798.	6038245.	26985031.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,067.	50,626.	57,573.	57,573.	29,568.	245,407.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				78,379.	45,087.	123,466.
<b>11 Total support.</b> Add lines 7 through 10						27353904.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	8,078,537.
<b>13 First five years.</b> 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 <b>stop here</b>	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.65	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	99.08	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

**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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

**Name of the organization**  
MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.

**Employer identification number**  
22-1568417

**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 boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)



<b>Name of organization</b> MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.	<b>Employer identification number</b> 22-1568417
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF RICHARD WILKENS - BRADLEY, KLEPPE, O'CONNOR AND BOUTILLIER, LLP  13 SMULL AVENUE  CALDWELL, NJ 07006	\$ 140,000.	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.)

<b>Name of organization</b> MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.	<b>Employer identification number</b> 22-1568417
--	---

**Part II Noncash Property** (see instructions)

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

<b>Name of organization</b> MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.	<b>Employer identification number</b> 22-1568417
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.**

Employer identification number  
**22-1568417**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	246,731.	246,731.			
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	20,603.				
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	20,603.				
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	246,731.	246,731.			

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  78.00 %
  - b** Permanent endowment  22.00 %
  - c** Term endowment  .00 %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes | No |
|------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations |     | X  |
| <b>(ii)</b> related organizations  |     | X  |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,097,492.		1,097,492.
<b>b</b> Buildings		3,030,789.	659,402.	2,371,387.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		576,313.	380,914.	195,399.
<b>e</b> Other		157,380.	80,818.	76,562.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,740,840.

**MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.**

Schedule D (Form 990) 2009

22-1568417 Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,119,633.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,184,503.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-64,870.
4	Net unrealized gains (losses) on investments	4	69,022.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	69,022.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,152.

**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	8,248,471.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	69,022.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	59,816.
e	Add lines 2a through 2d	2e	128,838.
3	Subtract line 2e from line 1	3	8,119,633.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,119,633.

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

1	Total expenses and losses per audited financial statements	1	8,244,318.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	59,816.
e	Add lines 2a through 2d	2e	59,816.
3	Subtract line 2e from line 1	3	8,184,502.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,184,502.

**Part XIV Supplemental Information**

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

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT EXPENSES - SPECIAL EVENTS: 59816.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT EXPENSES - SPECIAL EVENTS: 59816.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Open To Public  
Inspection

Name of the organization **MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.** Employer identification number **22-1568417**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**MENTAL HEALTH ASSOCIATION OF ESSEX**

Schedule G (Form 990 or 990-EZ) 2009

**COUNTY, INC.**

22-1568417 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL BALL (event type)	PRESIDENT'S CLUB (event type)	1 (total number)	
Revenue	<b>1</b> Gross receipts .....	124,213.	64,262.	14,986.	203,461.
	<b>2</b> Less: Charitable contributions .....	14,683.	17,249.		31,932.
	<b>3</b> Gross income (line 1 minus line 2) .....	109,530.	47,013.	14,986.	171,529.
Direct Expenses	<b>4</b> Cash prizes .....	4,500.			4,500.
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....		300.	12,500.	12,800.
	<b>7</b> Food and beverages .....	25,500.	3,786.	1,842.	31,128.
	<b>8</b> Entertainment .....	4,650.		11,000.	15,650.
	<b>9</b> Other direct expenses .....	16,426.	1,506.	7,280.	25,212.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 89,290 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				82,239.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column (d), and line 7 .....					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	<b>9a</b>	
<b>b</b> If "No," explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	<b>10a</b>	
<b>b</b> If "Yes," explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	<b>12</b>	

**MENTAL HEALTH ASSOCIATION OF ESSEX**

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility ..... 

<b>13b</b>		%
------------	--	---

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_  
 Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .
- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_  
 Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_  
 Gaming manager compensation ► \$ \_\_\_\_\_  
 Description of services provided ► \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
<b>15a</b>		
<b>17a</b>		

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2009**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.** Employer identification number **22-1568417**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2009

**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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT DAVISON	(i)	161,042.	15,000.	3,430.	6,780.	1,382.	187,634.	171,859.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization **MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.**

Employer Identification number  
**22-1568417**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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			
ROBERT NOLAN CFO	40.00					X		111,709.	0.	5,430.
MARVIN GORSKY DIRECTOR OF FAMILY & CHILDREN SRVCS	40.00					X		102,847.	0.	4,939.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.	Employer identification number	22-1568417
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE STIGMA ASSOCIATED WITH MENTAL DISORDERS. THIS IS ACCOMPLISHED THROUGH ADVOCACY, EDUCATION, PREVENTION, TREATMENT, AND SERVICE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUPPORTED EMPLOYMENT SERVICES - THE STAFF AT PROSPECT EMPLOYMENT SERVICES IS COMMITTED TO PROVIDING EMPOWERMENT, UPLIFTING AND ADVOCACY INTERVENTION MEASURES THAT ASSIST CLIENTS IN REACHING THEIR INDIVIDUAL GOALS OF EMPLOYMENT, FINANCIAL INDEPENDENCE, WELLNESS AND RECOVERY.

EXPENSES \$ 380509. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FAMILY SUPPORT PROGRAMS - THE INTENSIVE FAMILY SUPPORT SERVICES (IFSS) IS A PROGRAM THAT PROVIDES SUPPORT FOR INDIVIDUALS WHO HAVE A FAMILY MEMBER WITH MENTAL ILLNESS.

EXPENSES \$ 558216. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UNIFIED CARE MANAGEMENT (UCM) IS A COMMUNITY-BASED PROGRAM THAT PRIMARILY WORKS WITH "AGING-OUT" YOUTH (16-21) WHO HAVE VARIOUS BEHAVIORAL, EMOTIONAL AND MENTAL HEALTH NEEDS. THE MAJORITY OF THE WORK IS WITH UNDERSERVED YOUTH WHO RESIDE IN URBAN AREAS TO ENSURE THEY RECEIVE APPROPRIATE SERVICES (CULTURAL/SPIRITUAL, EDUCATIONAL/VOCATIONAL, LEGAL, HOUSING, MEDICAL, PSYCHOLOGICAL/MENTAL HEALTH, SAFETY, RECREATIONAL, SUBSTANCE ABUSE).

EXPENSES \$ 396043. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

YOUTH PROGRAMS - PROVIDE COMMUNITY-BASED PREVENTION AND INTERVENTION

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.	Employer identification number	22-1568417
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PROGRAMS DESIGNED TO ADDRESS ISSUES THAT CHILDREN AND ADOLESCENTS MAY ENCOUNTER AS A RESULT OF HAVING A FAMILY MEMBER WITH A MENTAL ILLNESS. IN ADDITION, PROGRAMS ARE ALSO DEVELOPED FOR THOSE CHILDREN AND ADOLESCENTS WHO MAY EXPERIENCE EMOTIONAL, AS WELL AS BEHAVIORAL DIFFICULTIES AS A RESULT OF EXPERIENCING STRESSFUL ENVIRONMENTAL FACTORS.

EXPENSES \$ 431321. INCLUDING GRANTS OF \$ 0. REVENUE \$ 80224.

CRIMINAL JUSTICE/JAIL DIVERSION PROGRAM - PROVIDES SHORT TERM THERAPY AND CONSULTATION AND REFERRAL SERVICES.

EXPENSES \$ 652568. INCLUDING GRANTS OF \$ 0. REVENUE \$ 39684.

CENTER FOR LOW COST PSYCHOTHERAPY (CLCP) - PROVIDES PSYCHOTHERAPY FOR PERSONS WHO CAN BENEFIT BY SUCH THERAPY BUT CANNOT AFFORD IT, AND TO UTILIZE THE SERVICES OF PRIVATE PRACTITIONERS, INsofar AS POSSIBLE, TO ACCOMPLISH THIS PURPOSE.

EXPENSES \$ 286965. INCLUDING GRANTS OF \$ 0. REVENUE \$ 36395.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO BEING FILED, A COMPLETED COPY OF FORM 990 WAS SENT TO THE BOARD OF DIRECTORS WHO REVIEWED AND APPROVED THE FORM. DOCUMENTATION OF THIS APPROVAL WAS RECORDED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C: AS PER AGENCY POLICY, ANY CONFLICTS OF INTEREST, REAL OR PERSONAL, MUST BE REPORTED TO THE BOARD. EACH BOARD MEMBER AND EMPLOYEE COMPLETES AN ANNUAL CONFLICT OF INTEREST

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.	Employer identification number 22-1568417
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DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION IS DETERMINED BY AN INDEPENDENT COMMITTEE OF NON-CONFLICTED BOARD MEMBERS, WHO BASED THE SALARY ON PERFORMANCE, INDUSTRY STANDARDS AND SALARY SURVEYS OF LIKE PROFESSIONALS. THE CEO'S SALARY IS RECOMMENDED BY THE PRESIDENT AND APPROVED BY THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. ALL OTHER GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, IS AVAILABLE UPON REQUEST.



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
13	BUILDING-PH BUILDING-SO	063072	SL	40.00	16	119,497.			119,497.	110,628.		2,987.
14	FULLERTON BUILDING-IMPROVEMEN	013195	SL	39.00	16	364,433.			364,433.	135,109.		9,344.
15	TS BUILDING-IMPROVEMEN	043088	SL	31.50	16	12,772.			12,772.	8,365.		405.
16	TS BUILDING-IMPROVEMEN	033195	SL	39.00	16	19,113.			19,113.	6,937.		490.
17	TS BUILDING-IMPROVEMEN	063075	SL	40.00	16	142,260.			142,260.	128,758.		3,557.
19	TS BUILDING-IMPROVEMEN	063087	SL	31.50	16	6,800.			6,800.	4,750.		216.
20	TS BUILDING-IMPROVEMEN	073190	SL	31.50	16	1,850.			1,850.	1,118.		59.
21	TS BUILDING-IMPROVEMEN	013192	SL	31.50	16	14,314.			14,314.	8,047.		454.
22	TS BUILDING-IMPROVEMEN	093091	SL	31.50	16	750.			750.	413.		24.
23	TS BUILDING-IMPROVEMEN	033198	SL	31.50	16	3,300.			3,300.	1,761.		105.
24	TS BUILDING-IMPROVEMEN	062393	SL	39.00	16	7,828.			7,828.	3,199.		201.
25	TS BUILDING-IMPROVEMEN	053194	SL	39.00	16	8,925.			8,925.	3,404.		229.
26	TS BUILDING-IMPROVEMEN	063095	SL	39.00	16	47,528.			47,528.	17,114.		1,219.
27	TS BUILDING-IMPROVEMEN	010197	SL	39.00	16	8,121.			8,121.	2,593.		208.
28	TS BUILDING-IMPROVEMEN	010199	SL	40.00	16	3,900.			3,900.	1,026.		98.
29	TS BUILDING-IMPROVEMEN	010100	SL	40.00	16	13,064.			13,064.	3,105.		327.
30	TS	010100	SL	40.00	16	1,158.			1,158.	275.		29.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	BUILDING-IMPROVEMENTS	010101	SL	40.00	16	12,530.			12,530.	2,661.		313.
33	RAMP-MONTCLAIR PH-IMPVTS	010101	SL	40.00	16	18,000.			18,000.	3,825.		450.
35	2002-PARKING LOT, AREA IMPVTS. SO.	010102	SL	40.00	16	43,288.			43,288.	8,116.		1,082.
36	FULLERTON SECURITY ARCHITECT FEES-SO.	010102	SL	40.00	16	3,608.			3,608.	676.		90.
37	FULLERTON WINDOW	070103	SL	40.00	16	2,865.			2,865.	503.		72.
38	REPLACEMENT-PH	010103	SL	40.00	16	64,400.			64,400.	10,464.		1,610.
39	FENCE	010103	SL	10.00	16	1,450.			1,450.	943.		145.
40	ROOF-PH ARCHITECT	010103	SL	40.00	16	40,600.			40,600.	6,597.		1,015.
41	FEES-MONTCLAIR BUILDING-IMPROVEMENTS	070103	SL	40.00	16	8,611.			8,611.	1,290.		215.
42	FIRE SUPRESSION SYS. E. ORANGE ROOF	010103	SL	40.00	16	10,396.			10,396.	1,690.		260.
43	REPAIRS-MONTCLAIR RENOVATIONS-MONTCLAIR	022704	SL	5.00	16	1,906.			1,906.	1,906.		0.
44	REPAIRS-MONTCLAIR RENOVATIONS-MONTCLAIR	110103	SL	40.00	16	4,260.			4,260.	606.		107.
45	IR	121003	SL	40.00	16	67,130.			67,130.	9,369.		1,678.
46	AC REPAIR MONTCLAIR RENOVATIONS-PROSPECT	070903	SL	5.00	16	3,978.			3,978.	3,978.		0.
47	T HOUSE LEASEHOLD	092904	SL	40.00	16	7,850.			7,850.	931.		196.
57	IMPROVEMENTS LHI-EVERGREEN	030188	SL	31.50	16	780.			780.	531.		25.
59	ALARMS, LOCKS	010102	SL	5.00	16	5,298.			5,298.	5,298.		0.
73	AC EQUIPMENT	072304	SL	5.00	16	2,509.			2,509.	2,468.		41.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
74	AC EQUIPMENT	061505	SL	5.00	16	4,344.			4,344.	3,512.		832.
93	CARPET INSTALLATION	091305	SL	15.00	16	9,480.			9,480.	2,396.		632.
94	PAYING OF PH PARKING LOT LIGHTING	061406	SL	40.00	16	12,900.			12,900.	982.		323.
95	INSTALLATION FIXTURES & OUTLET	062106	SL	15.00	16	26,470.			26,470.	5,295.		1,765.
96	INSTALLATION	041006	SL	15.00	16	10,175.			10,175.	2,175.		678.
103	AC EQUIPMENT	071405	SL	5.00	16	4,344.			4,344.	3,440.		869.
104	AC EQUIPMENT	032106	SL	5.00	16	16,222.			16,222.	10,543.		3,244.
107	BUILDING-IMPROVEMEN TS	123106	SL	20.00	16	35,300.			35,300.	4,413.		1,765.
108	FIRE ALARMS BUILDING	070106	SL	4.00	16	4,560.			4,560.	3,420.		1,140.
114	IMPROVEMENTS BUILDING-IMPROVEMEN	123106	SL	20.00	16	2,395.			2,395.	300.		120.
115	TS (CIP)	070107	SL	20.00	16	4,750.			4,750.	476.		238.
117	BUILDING-99 N. 16TH ST	070107	SL	39.00	16	224,673.			224,673.	11,522.		5,761.
121	AIR CONDITIONING BAY AVE BLDG	072007	SL	7.00	16	16,650.			16,650.	4,559.		2,379.
122	IMPROVEMENT	070107	SL	7.00	16	2,405.			2,405.	688.		344.
123	PRINTER BUILDING	070107	SL	7.00	16	2,408.			2,408.	688.		344.
125	IMPROVEMENTS-MONTCL ARCHITECT	090607	SL	20.00	16	14,460.			14,460.	1,326.		723.
136	FEEES-KINGSLAND (CIP) BUILDING	021510	SL	20.00	16	4,000.			4,000.			83.
137	IMPROVEMENTS-KINGSL	021510	SL	20.00	16	5,000.			5,000.			104.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
138	BLDG IMPROV. 99 N 16TH	082207	SL	5.00	16	325.			325.	119.		65.
140	BLDG IMPROV. 134 BAY AVENUE	120408	SL	20.00	16	56,906.			56,906.	1,660.		2,845.
141	BUILDING-134 BAY AVENUE	101007	SL	39.00	16	140,450.			140,450.	6,302.		3,601.
142	BUILDING-134 BAY AVENUE ORIGIN	101007	SL	39.00	16	6,085.			6,085.	273.		156.
144	BUILDING-184 KINGSLAND ST	012908	SL	39.00	16	178,500.			178,500.	6,484.		4,577.
145	BUILDING-184 KINGSLAND ST ORIGIN	012908	SL	39.00	16	10,125.			10,125.	368.		260.
146	BLDG IMPROV-184 KINGSLAND ST (CIP)	021510	SL	20.00	16	31,823.			31,823.			663.
147	BLDG IMPROV-EAST ORANGE	120107	SL	20.00	16	3,676.			3,676.	291.		184.
149	BUILDING-99 NO. 16TH ST.	042909	SL	20.00	16	48,500.			48,500.	404.		2,425.
150	BUILDING-99 NO. 16TH ST.	050609	SL	20.00	16	11,483.			11,483.	96.		574.
151	BUILDING-134 BAY AVENUE	120408	SL	20.00	16	28,360.			28,360.	827.		1,418.
152	BUILDING-184 KINGSLAND ST (CIP)	021510	SL	20.00	16	145,488.			145,488.			3,031.
153	BUILDING-184 KINGSLAND ST (CIP)	021509	SL	20.00	16	6,315.			6,315.			316.
154	BUILDING-354 ORANGE RD (CIP)	070110	SL	20.00	16	11,954.			11,954.			0.
155	BLDG IMPROV-MONTCLAIR (N)	031609	SL	20.00	16	19,724.			19,724.	247.		986.
156	BLDG IMPROV-MONTCLAIR	121908	SL	20.00	16	1,460.			1,460.	37.		73.
157	BLDG IMPROV-99 NO. 16TH ST	073008	SL	20.00	16	5,105.			5,105.	234.		255.
158	BLDG IMPROV-134 BAY AVE	120408	SL	20.00	16	35,165.			35,165.	1,026.		1,758.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
159	BLDG IMPROV-184 KINGSLAND ST.(CIP)	021509	SL	20.00	16	9,017.			9,017.			451.
166	BLDG IMPROV-EAST ORANGE	011509	SL	20.00	16	3,675.			3,675.	92.		184.
167	CLOSING COSTS-134 BAY AVE.	120408	SL	20.00	16	99,971.			99,971.	2,916.		4,999.
172	ESCROW FEE - 354 ORANGE ROAD	070110	SL	20.00	16	3,000.			3,000.			0.
173	VARIANCE - 354 ORANGE ROAD	070110	SL	20.00	16	10,500.			10,500.			0.
174	ENGINEER/DESIGN, ETC. - 354 ORANGE R	070110	SL	20.00	16	59,411.			59,411.			0.
175	BLDG IMPROV - 99 NO. 16TH ST	082009	SL	20.00	16	38,720.			38,720.			1,613.
176	ENGINEERING COSTS - 99 NO. 16TH STREET	082009	SL	20.00	16	270.			270.			11.
177	BLDG IMPROV - 99 NO. 16TH ST	101909	SL	20.00	16	23,600.			23,600.			787.
178	REBUILD BATHROOM - 99 NO. 16TH STREET	061010	SL	20.00	16	12,785.			12,785.			53.
179	BLDG IMPROV - 99 NO. 16TH ST	101909	SL	20.00	16	2,550.			2,550.			85.
180	BLDG IMPROV - KINGSLAND	070110	SL	20.00	16	116,458.			116,458.			0.
181	BLDG IMPROV - KINGSLAND	070110	SL	20.00	16	76,067.			76,067.			0.
182	BLDG IMPROV - KINGSLAND	070110	SL	20.00	16	145,627.			145,627.			0.
190	BUILDING IMPROVEMENTS - KING	021510	SL	20.00	16	67,655.			67,655.			1,409.
191	BUILDING IMPROVEMENTS - KING	021510	SL	20.00	16	36,539.			36,539.			761.
192	CLOSING COSTS - KINGSLAND	102609	SL	20.00	16	5,150.			5,150.			172.
193	CLOSING COSTS - 99 NO 16	102609	SL	20.00	16	26,052.			26,052.			868.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
194	BUILDING IMPROVEMENT - KINGS	070110	SL	20.00	16	16,711.			16,711.			0.
195	CLOSING COSTS - 99 NO 16	120209	SL	20.00	16	5,235.			5,235.			153.
196	CLOSING COSTS - KINGSLAND	021510	SL	20.00	16	12,419.			12,419.			259.
197	RE-WIRE SMOKE DETECTORS - KINGSLAND	052810	SL	7.00	16	2,325.			2,325.			28.
198	DESIGN DEVELOPMENT - 354 ORANGE ROAD	070110	SL	20.00	16	30,000.			30,000.			0.
	* 990 PAGE 10 TOTAL BUILDINGS					3020789.		0.	3020789.	575,565.	0.	83,615.
51	FURNITURE & FIXTURES FURNITURE AND FIXTURES	010100	SL	7.00	16	8,749.			8,749.	8,749.		0.
52	OFFICE FURNITURE ADDITION FOR 2001	010101	SL	7.00	16	15,756.			15,756.	15,756.		0.
53	OFFICE FURNITURE ADDITION FOR 2002	070101	SL	7.00	16	13,037.			13,037.	13,037.		0.
54	DESKS-3	010603	SL	7.00	16	2,052.			2,052.	1,905.		147.
55	OFFICE EQUIPMENT FURNITURE AND	010103	SL	7.00	16	3,705.			3,705.	3,439.		266.
56	FIXTURES	111104	SL	7.00	16	2,950.			2,950.	1,965.		421.
98	FREEZER	080205	SL	7.00	16	5,849.			5,849.	3,274.		836.
99	FURNITURE PH	120805	SL	7.00	16	14,605.			14,605.	7,475.		2,086.
100	CHAIRS	022806	SL	7.00	16	2,854.			2,854.	1,360.		408.
101	CHAIRS	022806	SL	7.00	16	1,946.			1,946.	927.		278.
102	TABLES	022806	SL	7.00	16	1,261.			1,261.	600.		180.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
116	OFFICE EQUIPMENT	123106	SL	7.00	16	10,757.			10,757.	3,842.		1,537.
119	OFFICE FURNITURE	123106	SL	7.00	16	10,950.			10,950.	3,910.		1,564.
120	OFFICE EQUIPMENT	123106	SL	5.00	16	4,660.			4,660.	2,330.		932.
132	OFFICE FURNITURE	120407	SL	7.00	16	5,822.			5,822.	1,317.		832.
161	FURNITURE AND FIXTURES	082508	SL	7.00	16	3,380.			3,380.	402.		483.
162	FURNITURE AND FIXTURES	100808	SL	7.00	16	1,318.			1,318.	141.		188.
186	DESK	091409	SL	7.00	16	1,775.			1,775.			211.
187	PHONE SYSTEM	070110	SL	7.00	16	44,284.			44,284.			0.
188	RE-WIRE CABLES	060110	SL	7.00	16	1,670.			1,670.			20.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					157,380.		0.	157,380.	70,429.	0.	10,389.
	MACHINERY & EQUIPMENT											
63	COMPUTER HARDWARE	010102	SL	5.00	16	13,832.			13,832.	13,832.		0.
64	COMPUTER HARDWARE	010103	SL	5.00	16	26,900.			26,900.	26,900.		0.
65	COMPUTER HARDWARE	010104	SL	5.00	16	13,796.			13,796.	13,796.		0.
66	COMPUTER HARDWARE	070103	SL	5.00	16	4,501.			4,501.	4,501.		0.
67	COMPUTER HARDWARE	081404	SL	5.00	16	2,295.			2,295.	2,257.		38.
68	COMPUTER HARDWARE	073004	SL	5.00	16	773.			773.	762.		11.
69	COMPUTER HARDWARE	080604	SL	5.00	16	2,156.			2,156.	2,119.		37.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	COMPUTER HARDWARE	121004	SL	5.00	16	1,379.			1,379.	1,265.		114.
71	COMPUTER HARDWARE	112004	SL	5.00	16	1,449.			1,449.	1,329.		120.
72	COMPUTER HARDWARE	032405	SL	5.00	16	5,479.			5,479.	4,658.		821.
106	COMPUTER HARDWARE	081805	SL	5.00	16	7,061.			7,061.	5,747.		1,314.
189	RE-WIRE CABLES	060210	SL	7.00	16	3,003.			3,003.			36.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM TRANSPORTATION EQUIPMENT					82,624.		0.	82,624.	77,166.	0.	2,491.
83	2005 DODGE NEON	072205	SL	5.00	16	13,934.			13,934.	10,915.		2,787.
84	2005 DODGE CARAVAN	072205	SL	5.00	16	19,296.			19,296.	15,115.		3,859.
85	2005 DODGE NEON	091305	SL	5.00	16	13,383.			13,383.	10,150.		2,677.
86	2006 DODGE GRAND CARAVAN	062206	SL	5.00	16	17,176.			17,176.	10,448.		3,435.
87	2006 DODGE STRATUS-WHITE	062206	SL	5.00	16	15,558.			15,558.	9,466.		3,112.
88	2006 DODGE STRATUS-BLUE	062206	SL	5.00	16	15,558.			15,558.	9,466.		3,112.
90	2006 DODGE GRAND CARAVAN	060606	SL	5.00	16	17,178.			17,178.	10,594.		3,436.
92	2006 DODGE STRATUS	062806	SL	5.00	16	15,390.			15,390.	9,234.		3,078.
105	2005 CHEVY EXPRESS VAN	111605	SL	5.00	16	21,931.			21,931.	15,899.		4,386.
109	12 PASSENGER CHEVY VAN	123106	SL	5.00	16	23,996.			23,996.	11,998.		4,799.
110	12 PASSENGER CHEVY VAN	123106	SL	5.00	16	21,923.			21,923.	10,962.		4,385.



2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
111	12 PASSENGER CHEVY VAN	123106	SL	5.00	16	21,923.			21,923.	10,962.		4,385.
112	7 PASSENGER CARAVAN	123106	SL	5.00	16	18,584.			18,584.	9,292.		3,717.
113	7 PASSENGER FORD FREESTAR	123106	SL	5.00	16	18,497.			18,497.	9,248.		3,699.
126	CHEVROLET EXPRESS VAN	080107	SL	5.00	16	22,477.			22,477.	8,616.		4,495.
127	CHEVROLET UPLANDER	110107	SL	5.00	16	21,990.			21,990.	7,330.		4,398.
128	CHEVROLET IMPALA	091007	SL	5.00	16	18,335.			18,335.	6,723.		3,667.
129	CHEVROLET IMPALA	091007	SL	5.00	16	18,335.			18,335.	6,723.		3,667.
130	CHEVROLET IMPALA	021408	SL	5.00	16	18,427.			18,427.	5,221.		3,685.
131	CHEVROLET UPLANDER (134 BAY)	112707	SL	5.00	16	21,900.			21,900.	6,935.		4,380.
139	CHEVROLET UPLANDER (134 BAY)	100407	SL	5.00	16	21,990.			21,990.	7,697.		4,398.
163	2009 CHEVY IMPALA CONTRACT EXP.	090208	SL	5.00	16	20,814.			20,814.	3,469.		4,163.
164	2008 CHEVY MALIBU CONTRACT EXP.	090308	SL	5.00	16	12,800.			12,800.	2,133.		2,560.
183	09 CHEVY IMPALA - AUTO	080509	SL	5.00	16	19,323.			19,323.			3,543.
184	10 DODGE CARAVAN - AUTO	122209	SL	5.00	16	21,091.			21,091.			2,109.
185	10 GR CARAVAN - AUTO	051210	SL	5.00	16	21,880.			21,880.			729.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					493,689.		0.	493,689.	208,596.	0.	92,661.
	LAND											
76	LAND EAST ORANGE		L			40,900.			40,900.			0.

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
77	LAND MONTCLAIR		L			260,310.			260,310.			0.
118	LAND-99 N. 16TH ST	052407	L			149,782.			149,782.			0.
124	LAND 134 BAY AVE	122107	L			170,000.			170,000.			0.
143	LAND-184 KINGSLAND ST		L			416,500.			416,500.			0.
148	LAND-354 ORANGE RD	061509	L			60,000.			60,000.			0.
	* 990 PAGE 10 TOTAL LAND					1097492.		0.	1097492.	0.	0.	0.
	OTHER											
80	COMPUTER SOFTWARE	010103		60M	43	2,500.			2,500.	2,500.		0.
81	COMPUTER SOFTWARE AWARDS START-UP	010104		60M	43	2,196.			2,196.	2,196.		0.
160	FEE-FOOTHOLD TECH.	070109	SL	45.00	16	10,000.			10,000.			222.
	* 990 PAGE 10 TOTAL OTHER					14,696.		0.	14,696.	4,696.	0.	222.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					4866670.		0.	4866670.	936,452.	0.	189,378.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>  File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.</b>	Employer identification number <b>22-1568417</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 SO. FULLERTON AVENUE</b>		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MONTCLAIR, NJ 07042</b>		

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  **THE ASSOCIATION - 33 SO. FULLERTON AVENUE - MONTCLAIR, NJ 07042**  
Telephone No.  **(973) 509-9777** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2011**.

5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **EXECUTIVE DIRECTOR** Date