

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all affiliates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature and preparer information fields: Sign Here (Signature of officer, Date, Name and Title); Paid Preparer Use Only (Preparer's name, signature, date, PTIN, Firm's name, address, EIN, Phone no.).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC. IS TO PROMOTE MENTAL HEALTH, TO IMPROVE THE CARE AND TREATMENT OF INDIVIDUALS WITH MENTAL ILLNESS AND TO REMOVE THE STIGMA ASSOCIATED WITH EMOTIONAL AND MENTAL DISORDERS. WE, AS A COMMUNITY ORGANIZATION,

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,726,294. including grants of \$ ) (Revenue \$ 1,096,208.) PROSPECT HOUSE - IS A PROGRAM DESIGNED TO MEET THE NEEDS OF INDIVIDUALS WHO HAVE BEEN PSYCHIATRICALY HOSPITALIZED AND FOR THOSE WITH SEVERE AND PERSISTENT MENTAL ILLNESS. GOALS: TO PROVIDE SUPPORT AND TO FOSTER DEVELOPMENT OF SKILLS WHICH ENABLE SUCCESSFUL COMMUNITY LIVING. ANOTHER GOAL IS TO REDUCE THE NEED FOR HOSPITALIZATION AND RE-HOSPITALIZATION. SERVICES: PSYCHOSOCIAL REHABILITATION IS THE TREATMENT MODALITY OF PROSPECT HOUSE. PROSPECT HOUSE MEMBERS PARTICIPATE IN A THERAPEUTIC COMMUNITY. THE PROGRAM IS DESIGNED TO FACILITATE GROWTH BY HELPING MEMBERS TO JOIN TOGETHER TO PERFORM NECESSARY SKILLS REQUIRED IN THE COMMUNITY. EACH MEMBER HAS A ROLE AND PURPOSE IN CONTRIBUTING TO PROSPECT HOUSE.

4b (Code: ) (Expenses \$ 1,577,924. including grants of \$ ) (Revenue \$ 1,167,799.) INTEGRATED CASE MANAGEMENT (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 \$ 1,046,386. including grants of \$ ) (Revenue \$ 79,852.) SUPPORTIVE LIVING SERVICES (SLS): 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-INTERGRATION INTO THE COMMUNITY. THE SUPPORTIVE LIVING SERVICES ARE DESIGNED TO CREATE PERMANENT CONSUMER 'LEASED-BASED' HOUSING FOR INDIVIDUALS DIAGNOSED WITH A SERIOUS AND PERSISTENT MENTAL ILLNESS. THE GOAL OF THE SLS IS TO ASSIST INDIVIDUALS WHO ARE CURRENTLY HOSPITALIZED, HOMELESS, OR LIVING IN SUB-STANDARD HOUSING IN GAINING ACCESS TO ADEQUATE, AFFORDABLE HOUSING.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,723,040. including grants of \$ ) (Revenue \$ 116,090.)

4e Total program service expenses 7,073,644.

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

Form 990 (2012)

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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 <i>Schedule B, Schedule of Contributors</i> ? .....		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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

Form **990** (2012)

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

Form 990 (2012)

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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 any government or organization 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Form **990** (2012)

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 36		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<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> 182		
<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 (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?		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 instructions for 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?		
	<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 as charitable contributions?		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?	X	
	<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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
<b>8</b>	<b>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?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<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</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<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</b>	<b>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>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</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.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	27			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	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?	2		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?	3			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
<b>6</b> Did the organization have members or stockholders?	6			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			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?	8a		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b		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	9			X

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a			X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
<b>13</b> Did the organization have a written whistleblower policy?	13		X	
<b>14</b> Did the organization have a written document retention and destruction policy?	14		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	15a		X	
<b>b</b> Other officers or key employees of the organization	15b		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?	16a			X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC. - 9735099777**  
**33 SO. FULLERTON AVENUE, MONTCLAIR, NJ 07042**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG W. ALEXANDER, ESQ. VICE PRESIDENT	2.00	X		X				0.	0.	0.
(2) WILLIAM MICHAEL BARBEE TRUSTEE	2.00	X						0.	0.	0.
(3) MAURA BLAU, ESQ. TRUSTEE	2.00	X						0.	0.	0.
(4) CYNTHIA BRINEY TRUSTEE	2.00	X						0.	0.	0.
(5) MARITZA BROWN TRUSTEE	2.00	X						0.	0.	0.
(6) MARION BUCHNER TRUSTEE	2.00	X						0.	0.	0.
(7) JACQUELINE CUSACK TRUSTEE	2.00	X						0.	0.	0.
(8) DANIEL DEL VALLE TRUSTEE	2.00	X						0.	0.	0.
(9) LAWRENCE DRILL TRUSTEE	2.00	X						0.	0.	0.
(10) KELLY FRANK, CPA V.P., TREASURER	2.00	X		X				0.	0.	0.
(11) BETH FURMAN, CPA TRUSTEE	2.00	X						0.	0.	0.
(12) FRANCESCA GERVASI TRUSTEE	2.00	X						0.	0.	0.
(13) JOSEPH GERVASI PRESIDENT	2.00	X		X				0.	0.	0.
(14) JERRY HARWOOD TRUSTEE	2.00	X						0.	0.	0.
(15) JEFFREY HELLER TRUSTEE	2.00	X						0.	0.	0.
(16) STEVEN KNEE TRUSTEE	2.00	X						0.	0.	0.
(17) NAOMI KRUVANT SECRETARY	2.00	X		X				0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PHYLLIS MECHANIC TRUSTEE	2.00	X						0.	0.	0.
(19) BARRY NOVIN TRUSTEE	2.00	X						0.	0.	0.
(20) TODD POLYNIAK TRUSTEE	2.00	X						0.	0.	0.
(21) STELLA GELLER TRUSTEE	2.00	X						0.	0.	0.
(22) RICHARD HARTY TRUSTEE	2.00	X						0.	0.	0.
(23) SYLVIA RISKIN, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(24) BEA SHERMAN TRUSTEE	2.00	X						0.	0.	0.
(25) DAVID SILVERSTROM TRUSTEE	2.00	X						0.	0.	0.
(26) BRIGITTE WOLKOFF, PH.D. TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								531,065.	0.	29,732.
<b>d Total (add lines 1b and 1c)</b> .....								531,065.	0.	29,732.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**



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

Form 990

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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 (list any hours for related organizations below line)	(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			
(27) NANCY WALTHER TRUSTEE	2.00	<input checked="" type="checkbox"/>						0.	0.	0.
(28) ROBERT DAVISON EXECUTIVE DIRECTOR	40.00			<input checked="" type="checkbox"/>				195,226.	0.	10,504.
(29) MARVIN GORSKY SENIOR DIRECTOR-CHILDREN &	40.00					<input checked="" type="checkbox"/>		105,129.	0.	6,080.
(30) ROBERT NOLAN CONTROLLER	40.00					<input checked="" type="checkbox"/>		120,648.	0.	6,995.
(31) NADINE VENEZIA ASSOCIATE EXECUTIVE DIRECTOR	40.00					<input checked="" type="checkbox"/>		110,062.	0.	6,153.
Total to Part VII, Section A, line 1c .....								531,065.		29,732.

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

Form 990 (2012)

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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> 13,814.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 36,085.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 5,771,266.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 76,823.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		5,897,988.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>MEDICAID &amp; OTHER REIMB</u>	Business Code 624100	2,343,645.	2,343,645.		
<b>b</b> <u>SUPPORTIVE LIVING RENT</u>		623990	54,469.	54,469.			
<b>c</b> <u>FEES FOR SERVICE</u>		624100	19,381.	19,381.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue		624100	42,454.	42,454.			
<b>g Total.</b> Add lines 2a-2f			2,459,949.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		26,490.			26,490.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<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	295,609.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	281,317.				
		<b>c</b> Gain or (loss)	14,292.				
	<b>d</b> Net gain or (loss)		14,292.			14,292.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 36,085. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	117,851.				
		<b>b</b> Less: direct expenses	71,317.				
<b>c</b> Net income or (loss) from fundraising events			46,534.			46,534.	
<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						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> <u>MORTGAGE INCOME</u>		531390	28,596.			28,596.	
	<b>b</b> <u>OTHER REVENUE</u>	900099	26,768.			26,768.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			55,364.			
<b>12 Total revenue.</b> See instructions.			8,500,617.	2,459,949.	0.	142,680.	

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Form **990** (2012)

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

Form 990 (2012)

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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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	204,674.	167,285.	33,832.	3,557.
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	5,088,002.	4,158,557.	841,031.	88,414.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	174,747.	142,825.	28,885.	3,037.
9 Other employee benefits	695,274.	568,265.	114,927.	12,082.
10 Payroll taxes	408,865.	334,176.	67,584.	7,105.
11 Fees for services (non-employees):				
a Management				
b Legal	28,935.	14,331.	14,604.	
c Accounting	37,481.	18,564.	18,917.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	341,336.	324,025.	17,311.	
12 Advertising and promotion	4,556.	1,417.	3,044.	95.
13 Office expenses	190,176.	167,332.	19,110.	3,734.
14 Information technology				
15 Royalties				
16 Occupancy	540,751.	504,078.	36,673.	
17 Travel	136,735.	107,782.	25,693.	3,260.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,500.	42,960.	10,240.	1,300.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	195,022.	167,446.	27,576.	
23 Insurance	106,225.	92,904.	13,321.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DATA PROCESSING</b>	78,214.	44,407.	30,977.	2,830.
b <b>FOOD</b>	77,191.	77,191.		
c <b>EQUIPMENT RENTAL AND MA</b>	60,494.	54,145.	6,349.	
d <b>CONSUMER ASSISTANCE</b>	38,725.	38,725.		
e All other expenses	90,667.	47,229.	37,618.	5,820.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	8,552,570.	7,073,644.	1,347,692.	131,234.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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

Form 990 (2012)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	153,596.	1	28,798.	
	<b>2</b> Savings and temporary cash investments .....	21,585.	2	1,536.	
	<b>3</b> Pledges and grants receivable, net .....	180,373.	3		
	<b>4</b> Accounts receivable, net .....	230,433.	4	368,820.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch 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 .....	28,200.	9	34,217.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	6,331,455.			
	<b>b</b> Less: accumulated depreciation .....	1,715,891.			
	<b>11</b> Investments - publicly traded securities .....	4,415,928.	10c	4,615,564.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,434,901.	11	1,459,591.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		12		
	<b>14</b> Intangible assets .....	9,324.	13	8,710.	
	<b>15</b> Other assets. See Part IV, line 11 .....	620,229.	14	1,734,605.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	7,094,569.	15	8,251,841.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	860,051.	17	896,526.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	57,529.	19	20,714.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,658,943.	23	4,792,416.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,576,523.	26	5,709,656.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), 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 .....	1,840,082.	27	1,986,555.	
	<b>28</b> Temporarily restricted net assets .....	607,464.	28	485,130.	
	<b>29</b> Permanently restricted net assets .....	70,500.	29	70,500.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), 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 .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> <b>Total net assets or fund balances</b> .....	2,518,046.	33	2,542,185.		
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	7,094,569.	34	8,251,841.		

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,500,617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,552,570.
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,953.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,518,046.
5	Net unrealized gains (losses) on investments	5	76,092.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,542,185.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2012)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

**Name of the organization** **MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.** **Employer identification number**  
\* \* \_ \* \* \* \* \* \*

**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 - Non-functionally integrated
- 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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6100798.	6038245.	5718027.	5784578.	5897988.	29539636.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	6100798.	6038245.	5718027.	5784578.	5897988.	29539636.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						29539636.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	6100798.	6038245.	5718027.	5784578.	5897988.	29539636.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	51,495.	29,568.	31,307.	33,372.	26,490.	172,232.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	78,379.	45,087.	60,605.	38,324.	55,364.	277,759.
11 <b>Total support.</b> Add lines 7 through 10						29989627.
12 Gross receipts from related activities, etc. (see instructions) .....					12	8,426,471.
13 <b>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**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	98.50	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	98.58	%
16a <b>33 1/3% support test - 2012.</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"/>		
16b <b>33 1/3% support test - 2011.</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"/>		
17a <b>10% -facts-and-circumstances test - 2012.</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"/>		
17b <b>10% -facts-and-circumstances test - 2011.</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"/>		
18 <b>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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

Employer identification number  
\*\*-\*\*\*\*\*

**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).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

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, and not on a historic structure listed in the National Register .....	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 XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII 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 XIII. Check here if the explanation has been provided in Part XIII

**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 .....	70,500.	70,500.	70,500.	70,500.	70,500.
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	70,500.	70,500.	70,500.	70,500.	70,500.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  100.00 %
  - c** Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 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 .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <input type="checkbox"/> | <input type="checkbox"/>            |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		2,073,191.		2,073,191.
<b>b</b> Buildings .....		3,346,821.	1,005,674.	2,341,147.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		699,972.	568,122.	131,850.
<b>e</b> Other .....		211,471.	142,095.	69,376.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....				4,615,564.

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

Schedule D (Form 990) 2012

\*\*-\*\*\*\*\* 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
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<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
(1) <b>ESCROW AND SECURITY DEPOSITS</b>	207,156.
(2) <b>DEFERRED FINANCING COSTS, NET</b>	105,318.
(3) <b>CONSTRUCTION IN PROGRESS</b>	1,422,131.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>1,734,605.</b>

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .....

MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements		1	8,648,026.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a		76,092.
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		71,317.
e Add lines 2a through 2d		2e	147,409.
3 Subtract line 2e from line 1		3	8,500,617.
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 XIII.)	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	8,500,617.

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

1 Total expenses and losses per audited financial statements		1	8,623,887.
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 XIII.)	2d		71,317.
e Add lines 2a through 2d		2e	71,317.
3 Subtract line 2e from line 1		3	8,552,570.
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 XIII.)	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	8,552,570.

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

**PART X, LINE 2: THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE**

**INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.**

**THE ASSOCIATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ASSOCIATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES**

**Part XIII** Supplemental Information (continued)

GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES,  
DISCLOSURE AND TRANSITION. THE ASSOCIATION'S POLICY IS TO RECOGNIZE  
INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE.  
NO INTEREST AND PENALTIES WERE RECORDED DURING THE FISCAL YEARS ENDED 2013  
AND 2012. THE TAX YEARS SUBJECT TO AUDIT BY FEDERAL AND STATE  
JURISDICTIONS ARE THE YEARS ENDED JUNE 30, 2010, AND FORWARD. AT JUNE  
30,2013 AND 2012, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTAINTIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES 71,317.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES 71,317.

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

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

**Open To Public**  
**Inspection**

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.**

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

Employer identification number  
\*\*\_\*\*\*\*\*

**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 and address 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 contributions or has been notified it is exempt from registration or licensing.
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
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  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**MENTAL HEALTH ASSOCIATION OF ESSEX**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA	PRESIDENT'S CLUB	1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	108,193.	40,235.	5,508.	153,936.
	<b>2</b> Less: Contributions .....	25,313.	5,264.	5,508.	36,085.
	<b>3</b> Gross income (line 1 minus line 2) .....	82,880.	34,971.		117,851.
Direct Expenses	<b>4</b> Cash prizes .....	2,550.			2,550.
	<b>5</b> Noncash prizes .....	2,937.			2,937.
	<b>6</b> Rent/facility costs .....	10,875.			10,875.
	<b>7</b> Food and beverages .....	28,125.	7,076.		35,201.
	<b>8</b> Entertainment .....	700.			700.
	<b>9</b> Other direct expenses .....	19,054.			19,054.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 71,317 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				46,534.

**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 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

**MENTAL HEALTH ASSOCIATION OF ESSEX**

Schedule G (Form 990 or 990-EZ) 2012 **COUNTY, INC.**

- 11 Does the organization operate gaming activities with nonmembers? .....  Yes  No
- 12 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? .....  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

13a	%
13b	%

  - a The organization's facility .....
  - b An outside facility .....

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? .....  Yes  No
- 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? .....  Yes  No
- 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 ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

Employer identification number  
\* \* \_ \* \* \* \* \* \*

**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <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>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	 <b>X</b> <b>X</b> <b>X</b>
<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>b</b> Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	 <b>X</b> <b>X</b>
<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>b</b> Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	 <b>X</b> <b>X</b>
<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 Regulations 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>	

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT DAVISON EXECUTIVE DIRECTOR	(i)	169,761.	25,465.	0.	10,504.	0.	205,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

MENTAL HEALTH ASSOCIATION OF ESSEX  
COUNTY, INC.

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization <b>MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.</b>	Employer identification number <b>**_*****</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
INCLUDING THE INTEGRATION OF PHYSICAL HEALTHCARE, TO IMPROVE THE CARE  
AND TREATMENT OF INDIVIDUALS WITH MENTAL ILLNESS, AND TO REMOVE THE  
STIGMA ASSOCIATED WITH EMOTIONAL AND MENTAL DISORDERS. WE, AS A  
COMMUNITY ORGANIZATION, ACCOMPLISH OUR MISSION THROUGH ADVOCACY,  
EDUCATION PREVENTION, EARLY INTERVENTION, TREATMENT AND SERVICE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ACCOMPLISH OUR MISSION THROUGH ADVOCACY, EDUCATION, PREVENTION, EARLY  
INTERVENTION, TREATMENT AND SERVICE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
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. CENTER FOR LOW COST  
PSYCHOTHERAPY (CLCP) OFFERS PSYCHOTHERAPY SERVICES, PSYCHIATRIC  
EVALUATION AND MEDICATION MONITORING TO ADULTS WHO CAN BENEFIT FROM  
THESE SERVICES. COLLABORATIVE JUSTICE SERVICES (CJS) ASSISTS  
INDIVIDUALS WITH MENTAL ILLNESS WHO HAVE BECOME INVOLVED IN THE STATE  
AND/OR COUNTY CRIMINAL JUSTICE SYSTEM, PROVIDING JAIL DIVERSION WHEN  
POSSIBLE AND ADVOCACY/SERVICE COORDINATION FOR CONSUMERS WHO DO BECOME  
INCARCERATED. INTENSIVE FAMILY SUPPORT SERVICES (IFSS) IS A FREE  
SERVICE THAT PROVIDES SUPPORT, COUNSELING, CONSULTATION AND EDUCATION  
TO ALL FAMILY MEMBERS AND FRIENDS WHO ARE CONCERNED ABOUT THE MENTAL  
HEALTH OF A LOVED ONE. RISKIN CHILDREN'S CENTER PROVIDES HIGH QUALITY,  
AFFORDABLE, COMPREHENSIVE, ACCESSIBLE AND CULTURALLY APPROPRIATE MENTAL

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

Employer identification number  
\*\*-\*\*\*\*\*

HEALTH SERVICES FOR CHILDREN.

EXPENSES \$ 2,723,040. INCLUDING GRANTS OF \$ 0. REVENUE \$ 116,090.

FORM 990, PART VI, SECTION A, LINE 2: JOSEPH AND FRANCESCA GERVASI ARE BROTHER AND SISTER.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING. ANY ISSUES ARE ADDRESSED BY THE BOARD IN COLLABORATION WITH THE ORGANIZATION'S ACCOUNTANT.

FORM 990, PART VI, SECTION B, LINE 12C: AN ANNUAL CONFLICT OF INTEREST POLICY IS COMPLETED AND SIGNED BY ALL BOARD MEMBERS AND STAFF.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION PARTICIPATES IN SALARY SURVEYS. COMPENSATION IS COMPARED TO OTHER NON-PROFITS OF SIMILAR SIZE AND SCOPE AND PERFORMANCE APPRAISALS ARE COMPLETED BY THE BOARD PRESIDENT AND FOR STAFF BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST, ON THE ORGANIZATION'S WEBSITE AND VIA WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

FORM 990 PART XII LINE 2C

232212  
01-04-13



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											
2	FIRE ALARMS BUILDING	070106	SL	4.00	16	4,560.			4,560.	4,560.		0.
3	IMPROVEMENTS BUILDING	VARIABLES	SSL	5.00	16	38,926.			38,926.	38,916.		65.
4	IMPROVEMENTS BUILDING	VARIABLES	SSL	7.00	16	23,788.			23,788.	15,826.		3,398.
5	FENCE BUILDING	010103	SL	10.00	16	1,450.			1,450.	1,378.		145.
6	IMPROVEMENTS BUILDING	VARIABLES	SSL	15.00	16	46,125.			46,125.	19,091.		3,075.
7	IMPROVEMENTS BUILDING	VARIABLES	SSL	20.00	16	1200106.			1200106.	160,421.		60,005.
8	IMPROVEMENTS BUILDING	073190	SL	31.50	16	40,567.			40,567.	28,848.		1,288.
9	IMPROVEMENTS BUILDING	VARIABLES	SSL	39.00	16	1097429.			1097429.	284,482.		28,139.
10	IMPROVEMENTS BUILDING	VARIABLES	SSL	40.00	16	456,822.			456,822.	215,136.		11,421.
17	BUILDING BUILDING	063072	SL	40.00	16	119,497.			119,497.	119,497.		0.
19	IMPROVEMENTS-ADDITIONAL BUILDINGS	VARIABLES	SSL	20.00	16	317,551.			317,551.			9,983.
	* 990 PAGE 10 TOTAL BUILDINGS					3346821.		0.	3346821.	888,155.	0.	117,519.
	FURNITURE & FIXTURES											
11	OFFICE EQUIPMENT OFFICE FURNITURE	123106	SL	5.00	16	4,660.			4,660.	4,660.		0.
12	AND EQUIPMENT	VARIABLES	SSL	7.00	16	202,284.			202,284.	116,827.		20,308.
20	OFFICE FURNITURE	071212	SL	7.00	16	4,527.			4,527.			300.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					211,471.		0.	211,471.	121,487.	0.	20,608.

2012 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
	MACHINERY & EQUIPMENT											
13	COMPUTER HARDWARE	VARIES	SSL	5.00	16	79,621.			79,621.	79,621.		0.
14	WIRES/CABLES	062110	SL	7.00	16	3,003.			3,003.	894.		429.
16	ETHERNET	060112	SL	7.00	16	3,620.			3,620.	259.		517.
18	SERVER AND LAPTOPS	060112	SL	7.00	16	4,839.			4,839.	346.		691.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					91,083.		0.	91,083.	81,120.	0.	1,637.
	TRANSPORTATION EQUIPMENT											
15	AUTOS	VARIES	SSL	5.00	16	543,422.			543,422.	437,542.		41,276.
21	AUTOS	VARIES	SSL	5.00	16	65,467.			65,467.			6,547.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					608,889.		0.	608,889.	437,542.	0.	47,823.
	LAND											
1	LAND	VARIES	SL			2073191.			2073191.			0.
	* 990 PAGE 10 TOTAL LAND					2073191.		0.	2073191.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					6331455.		0.	6331455.	1528304.	0.	187,587.



• 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).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.</b>	Employer identification number (EIN) or  * * - * * * * * *
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 SO. FULLERTON AVENUE</b>	Social security number (SSN)
	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) ..... **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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.**

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

• The books are in the care of  **33 SO. FULLERTON AVENUE - MONTCLAIR, NJ 07042**

Telephone No.  **9735099777** FAX No.  **(973) 509-9888**

• 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, 2014**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

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 FROM THIRD PARTIES HAS YET TO BE RECEIVED. THIS INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

<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 must be completed for Part II only.**

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  **CPA** Date

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

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

Employer identification number  
**\*\* \_ \* \* \* \* \***

Name and title of officer  
**ROBERT DAVISON  
EXEC DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>8500617</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize SOBEL AND CO., LLC CPAS to enter my PIN 94949  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 03/18/14

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22722594949  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 04/04/14

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

JUNE 30, 2013

<b>Prepared for</b>	MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC. 33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042
<b>Prepared by</b>	SOBEL AND CO., LLC CPA'S 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711
<b>Amount due or refund</b>	REFUND OF \$100
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NEW JERSEY DIVISION OF CONSUMER AFFAIRS CHARITIES REGISTRATION & INVESTIGATION P.O. BOX 45021 NEWARK, NJ 07101
<b>Return must be mailed on or before</b>	JUNE 30, 2014
<b>Special Instructions</b>	THE NEW JERSEY RETURN SHOULD BE SIGNED AND DATED BY THE REQUIRED INDIVIDUAL(S).

**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section  
124 Halsey Street, 7th Floor, P.O. Box 45021  
Newark, NJ 07101  
(973) 504-6215

**Form CRI-300R**  
**Long-Form Renewal Registration/Verification Statement**  
(Revised April 2008)

**All questions must be answered.**

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 06/30/2013  
month day year

2. Federal ID Number (EIN) \*\* - \*\*\*\*\* 2a. N.J. Charities Registration Number: CH- 0065400

3. Full legal name of the registering organization: MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC  
In care of: (if necessary, otherwise leave this line blank) \_\_\_\_\_

4. Mailing Address: 33 SO. FULLERTON AVENUE, MONTCLAIR, NJ 07042  Change of Address  
Street Address City State ZIP Code

**NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.**

5. The principal street address of the registering organization \_\_\_\_\_  
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above?  Yes  No  
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

\_\_\_\_\_ Contact person Street address City State ZIP Code

\_\_\_\_\_ Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:  
973-509-9777 973-509-9888  
Telephone number (include area code) Fax number (include area code)  
RNOLAN@MHAESSEX.ORG WWW.MHAESSEX.ORG  
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation     Foundation     Individual     Association     Society  
 Partnership     Trust     Other (Specify) \_\_\_\_\_

9. Where and when was the organization legally established? Date: 01/01/1950 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_

11. Does the organization intend to solicit contributions from the general public?  Yes  No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEE STATEMENT 1**

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
\_\_\_\_\_  
\_\_\_\_\_

**SEE STATEMENT 2**

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No  
If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No  
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No  
b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_  
c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
 If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

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23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE STATEMENT 3</b>				

# CRI-300R Long-Form Registration Renewal Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.

Fiscal year-end being reported: 06/30/2013 Federal ID Number (EIN) \*\* - \*\*\*\*\*  
month day year

Mailing address:  
33 SO. FULLERTON AVENUE, MONTCLAIR, NJ 07042  
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: 33 SO. FULLERTON AVENUE, MONTCLAIR, NJ 07042  
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 0065400 Telephone number: 973-509-9777  
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. **Note:** If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

- (1) Direct mail .....
- (2) Telephone solicitation .....
- (3) Commercial co-venture .....
- (4) Gross receipts from fund-raising events .....
- (5) Canisters, counter cards, door to door etc .....
- (6) Corporations and other businesses .....
- (7) Foundations and trusts .....
- (8) Donated land, buildings, property, equipment and materials .....
- (9) Legacies and bequests .....
- (10) Membership dues solely resulting from solicitations .....
- (11) Other support (specify) .....

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) .....

Line A1c. Indirect Public Support received from the following sources:

- (1) Federated fund-raising organization .....
- (2) From an affiliated organization .....
- (3) From another fund-raising organization .....

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) .....

Line A2. Government grants including purchase of service contracts (specify agency)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Line A2e. Total Government Grants (add lines 2a thru 2d) \_\_\_\_\_

Line A3. Other Support

a. Bona fide membership \_\_\_\_\_

b. Program service revenue \_\_\_\_\_

c. Professional services rendered by volunteers \_\_\_\_\_

d. Miscellaneous income (specify) \_\_\_\_\_

Line A3e. Total Other Support (add the total of lines A3a thru A3d) \_\_\_\_\_

Line A4. Total Gross Revenue (add lines A1e, A2e, and A3e) \_\_\_\_\_

**B. Expenses**

Line B1. Program expenses \_\_\_\_\_

Line B2. Management and general expenses \_\_\_\_\_

Line B3. Fund-raising expenses \_\_\_\_\_

Line B4. Payments to state/national affiliates (if applicable) \_\_\_\_\_

Line B5. Total Expenses (add the totals of line B1 thru B4) \_\_\_\_\_

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4) \_\_\_\_\_

**D. Fund Balance**

Line D1. Net assets or fund balances at beginning of year \_\_\_\_\_

Line D2. Other changes in net assets or fund balances (attach explanation) \_\_\_\_\_

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.



**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: <u>MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC</u>		
N.J. Charities Registration Number: CH- <u>0065400</u>	-00	Federal ID Number (EIN) <u>** - *****</u>
Fiscal Year-End being reported: <u>06/30/2013</u> <small>month day year</small>		

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other?  Yes  No
  - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
  - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
  - d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.  
**SEE STATEMENT 4**
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No
- If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

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We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

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We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name ROBERT DAVISON Title EXEC. DIRECTOR Date \_\_\_\_\_

Signature \_\_\_\_\_ Name ROBERT NOLAN Title CONTROLLER Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

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**Note: Form CRI-300RC must be filed with Form CRI-300R.**

FORM CRI-300R	DESCRIPTION OF SPECIFIC PROGRAMS AND CHARITABLE PURPOSES PAGE 2, LINE 14	STATEMENT 1
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DESCRIPTION

THE MISSION OF THE MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC. IS TO PROMOTE MENTAL HEALTH, TO IMPROVE THE CARE AND TREATMENT OF INDIVIDUALS WITH MENTAL ILLNESS AND TO REMOVE THE STIGMA ASSOCIATED WITH EMOTIONAL AND MENTAL SIORDERS. WE, AS A COMMUNITY ORGANIZATION, ACCOMPLISH OUR MISSION THROUGH ADVOCACY, EDUCATION, PREVENTION, EARLY INTERVENTION, AND TREATMENT SERVICES.

FORM CRI-300R	SPECIFIC PROGRAMS AND CHARITABLE PURPOSES PAGE 2, LINE 14A	STATEMENT 2
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PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-INTEGRATED CASE MANAGEMENT SERVICES: SEE WEBSITE  
ALREADY EXISTS-PROSPECT HOUSE: SEE WEBSITE  
ALREADY EXISTS-SUPPORTIVE LIVING SERVICE: SEE WEBSITE

FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES STATEMENT 3  
AND FIVE MOST HIGHLY PAID EMPLOYEES

NAME OF INDIVIDUAL TITLE TELEPHONE NO.  
ROBERT DAVISON EXECUTIVE DIRECTOR 973-509-9777

ADDRESS  
33 SO. FULLERTON AVENUE  
MONTCLAIR, NJ 07042

SALARY  
195,226.

NAME OF INDIVIDUAL TITLE TELEPHONE NO.  
MARVIN GORSKY SENIOR DIRECTOR 973-509-9777  
CHILDREN & FAM

ADDRESS  
33 SO. FULLERTON AVENUE  
MONTCLAIR, NJ 07042

SALARY  
105,129.

NAME OF INDIVIDUAL TITLE TELEPHONE NO.  
ROBERT NOLAN CONTROLLER 973-509-9777

ADDRESS  
33 SO. FULLERTON AVENUE  
MONTCLAIR, NJ 07042

SALARY  
120,648.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
NADINE VENEZIA	ASSOCIATE EXECUTIVE DIRECTOR	973-509-9777

ADDRESS

33 SO. FULLERTON AVENUE  
MONTCLAIR, NJ 07042

SALARY

110,062.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
NADINE VENEZIA	ASSOCIATE EXECUTIVE DIRECTOR	

ADDRESS

33 SO. FULLERTON AVENUE  
MONTCLAIR, NJ 07042

SALARY

0.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
CRAIG W. ALEXANDER, ESQ.	VICE PRESIDENT	

ADDRESS

33 SO. FULLERTON AVENUE  
MONTCLAIR, NJ 07042

SALARY

0.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
WILLIAM MICHAEL BARBEE	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
MAURA BLAU, ESQ.	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
CYNTHIA BRINEY	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
MARITZA BROWN	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
MARION BUCHNER	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JACQUELINE CUSACK	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
DANIEL DEL VALLE	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
LAWRENCE DRILL	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
KELLY FRANK, CPA	V.P., TREASURER	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
BETH FURMAN, CPA	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
FRANCESCA GERVASI	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JOSEPH GERVASI	PRESIDENT	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JERRY HARWOOD	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JEFFREY HELLER	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
STEVEN KNEE	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
NAOMI KRUVANT	SECRETARY	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		



<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
PHYLLIS MECHANIC	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
BARRY NOVIN	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
TODD POLYNIAK	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
STELLA GELLER	TRUSTEE	
<u>ADDRESS</u>		
33 SO. FULLERTON AVENUE MONTCLAIR, NJ 07042		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
RICHARD HARTY	TRUSTEE	

ADDRESS

33 SO. FULLERTON AVENUE  
MONTCLAIR, NJ 07042

SALARY

0.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
NANCY WALTHER	TRUSTEE	

ADDRESS

33 SO. FULLERTON AVENUE  
MONTCLAIR, NJ 07042

SALARY

0.

---

FORM CRI-300RC

EXPLANATION OF RELATIONSHIP  
PAGE 6, LINE 24

STATEMENT 4

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JOSEPH GERVASI, BOARD PRESIDENT AND FRANCESCA GERVASI, BOARD MEMBER,  
ARE BROTHER AND SISTER.

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act. Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. Please Note: Extensions of time to file cannot be granted for Initial Registrations.

Date fiscal year ends: 06/30/13 Date of this application: 12/19/13 N.J. Charities Registration Number: CH- 0065400

Charity's Full Legal Name: MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
Other Names Used (d.b.a.)
Mailing Address: 33 SO. FULLERTON AVENUE, MONTCLAIR, NJ 07042
Street Address:
Check this box to flag a change of address or other vital information.
Contact Person: Phone Number:
E-mail: RNOLAN@MHAESSEX.ORG Federal Tax ID (EIN):
Web site: WWW.MHAESSEX.ORG Fax Number: 973-509-9888

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s): INFORMATION FROM THIRD PARTIES HAS YET TO BE RECEIVED. THIS INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application?  Yes  No

*If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.*

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs?  Yes  No

4. Has the organization previously filed an initial registration with the Charities Registration Section?  Yes  No  
*If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.*

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- All of the questions on this application have been answered.
- The charity has filed all previous renewal registrations and required documents.
- The charity has paid all previous years' fees and penalties owed to the Division.
- Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Title EXEC. DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title CONTROLLER \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by at least one (1) officer of the charity.*

*Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.*