

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.		D Employer identification number 13-2637308
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 BROADWAY		E Telephone number 212-254-0333
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10004		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

G Website: **WWW.MHAOFNYC.ORG**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **13,364,109.**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		568,449.	
	c Indirect public support (not included on line 1a)	1c		951,499.	
	d Government contributions (grants) (not included on line 1a)	1d		10,517,650.	
	e Total (add lines 1a through 1d) (cash \$ 12,037,598. noncash \$)	1e			12,037,598.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			453,461.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			107,623.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	Less: cost or other basis and sales expenses	8b			
	Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 213,012. of contributions reported on line 1b)	9a		338,813.	
	b Less: direct expenses other than fundraising expenses	9b		243,710.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			SEE STATEMENT 1
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			426,614.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			13,120,399.	
Expenses	13 Program services (from line 44, column (B))	13		11,204,885.	
	14 Management and general (from line 44, column (C))	14		1,768,349.	
	15 Fundraising (from line 44, column (D))	15		95,103.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			13,068,337.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		52,062.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,002,474.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			4,054,536.

**THE MENTAL HEALTH ASSOCIATION
OF NEW YORK CITY, INC.**

Form 990 (2007)

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Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	251,600.	251,600.	0.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	6,210,164.	5,438,703.	726,062.	45,399.
27 Pension plan contributions not included on lines 25a, b, and c	163,175.	139,688.	23,487.	
28 Employee benefits not included on lines 25a - 27	649,275.	555,825.	93,450.	
29 Payroll taxes	458,534.	392,537.	65,997.	
30 Professional fundraising fees	41,525.			41,525.
31 Accounting fees	60,105.		60,105.	
32 Legal fees	20,470.		20,470.	
33 Supplies	246,856.	223,259.	23,597.	
34 Telephone	322,251.	288,642.	30,534.	3,075.
35 Postage and shipping	110,899.	91,020.	19,879.	
36 Occupancy	1,451,267.	1,349,741.	101,526.	
37 Equipment rental and maintenance	541,872.	391,495.	150,377.	
38 Printing and publications	37,194.	30,528.	6,666.	
39 Travel	123,320.	114,979.	8,093.	248.
40 Conferences, conventions, and meetings	127,738.	119,339.	8,399.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	203,408.	161,301.	42,107.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	2,048,684.	1,656,228.	387,600.	4,856.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	13,068,337.	11,204,885.	1,768,349.	95,103.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2007)

THE MENTAL HEALTH ASSOCIATION
OF NEW YORK CITY, INC.

Form 990 (2007)

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 3	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	806,085.
b CHILD & FAMILY SERVICE: THROUGH PARENT EDUCATION SUPPORT GROUPS, RESPITE SERVICES AND RECREATIONAL SERVICES, MHA PROVIDES FAMILY SUPPORT SERVICES FOR PARENTS AND CAREGIVERS OF CHILDREN AND THEIR FAMILIES WITH SERIOUS EMOTIONAL PROBLEMS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,992,756.
c SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,158,336.
d SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,247,708.
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	11,204,885.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	7,409.	45	7,696.
	46 Savings and temporary cash investments	641,042.	46	696,416.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	1,752,270.	49	1,086,013.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	97,165.	53	123,689.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,671,394.	54a	1,744,290.
	b Investments - other securities		54b	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
	56 Investments - other	0.	56	0.
	57 a Land, buildings, and equipment: basis	2,480,092.		
b Less: accumulated depreciation	1,917,869.			
58 Other assets, including program-related investments (describe SEE STATEMENT 7)	672,393.	58	1,013,422.	
59 Total assets (must equal line 74). Add lines 45 through 58	5,440,438.	59	5,233,749.	
Liabilities	60 Accounts payable and accrued expenses	729,390.	60	883,436.
	61 Grants payable		61	
	62 Deferred revenue	708,574.	62	295,777.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe 0.)	0.	65	0.
66 Total liabilities. Add lines 60 through 65	1,437,964.	66	1,179,213.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,799,170.	67	3,941,264.
	68 Temporarily restricted	203,304.	68	113,272.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,002,474.	73	4,054,536.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,440,438.	74	5,233,749.	

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Part VI Other Information <i>(continued)</i>		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b <u>N/A</u>		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	85a <u>N/A</u>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	85b <u>N/A</u>		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	<u>N/A</u>
d	Section 162(e) lobbying and political expenditures	85d	<u>N/A</u>
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	<u>N/A</u>
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	<u>N/A</u>
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g <u>N/A</u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h <u>N/A</u>
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	<u>N/A</u>
b	Gross receipts, included on line 12, for public use of club facilities	86b	<u>N/A</u>
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	<u>N/A</u>
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	<u>N/A</u>
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	<u>0.</u>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	<u>0.</u>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ NY		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	187
91 a	The books are in care of ▶ RAVI RAMASWAMY Telephone no. ▶ 212-254-0333 Located at ▶ 50 BROADWAY, NEW YORK, NY ZIP + 4 ▶ 10004		
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)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Form **990** (2007)

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Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SUBCONTRACTED SVCS					349,086.
b PROGRAM RENTAL INCOME					104,375.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	107,623.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			03		95,103.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a CONSULTING SERVICES			03	51,243.	
b LEGAL SETTLEMENT			03	60,000.	
c MISC. INCOME			03	65,371.	
d LEASE TERMINATION					
e INCENTIVE REVENUE			03	250,000.	
104 Subtotal (add columns (B), (D), and (E))		0.		534,237.	548,564.
105 Total (add line 104, columns (B), (D), and (E))					1,082,801.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 13

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2007)

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OF NEW YORK CITY, INC.

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of officer _____ Date _____ RAVI RAMSAWAMY, CFO Type or print name and title								
Paid Preparer's Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Preparer's signature _____</td> <td style="width: 10%;">Date _____</td> <td style="width: 10%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 40%;">Preparer's SSN or PTIN (See Gen. Inst. X) _____</td> </tr> <tr> <td colspan="2">Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036 </td> <td>EIN _____</td> <td>Phone no. 212-372-1000</td> </tr> </table>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036		EIN _____	Phone no. 212-372-1000
Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____						
Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036		EIN _____	Phone no. 212-372-1000						

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization	THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.	Employer identification number	13 2637308
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>KATHRYN SALISBURY</u> 50 BROADWAY, NEW YORK, NY 10004	PROGRAM DIRECTOR 28.00	87,577.	10,246.	0.
<u>ROBERT GOLDBLATT</u> 50 BROADWAY, NEW YORK, NY 10004	ASSOC. DIRECTOR 35.00	82,193.	0.	0.
<u>OLGA LITVIN</u> 50 BROADWAY, NEW YORK, NY 10004	CONTROLLER 35.00	80,454.	2,268.	0.
<u>GILLIAN MURPHY</u> 50 BROADWAY, NEW YORK, NY 10004	PROGRAM DIRECTOR 35.00	88,354.	14,038.	0.
<u>GERALD MCCLEERY</u> 50 BROADWAY, NEW YORK, NY 10004	PROGRAM DIRECTOR 35.00	114,396.	15,498.	0.
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>ERIK ROSKES</u> 2511 HAL CIRCLE, BALTIMORE, MD 21209	COURT APPOINTED MONITOR	139,550.
<u>HENRY DLUGACZ</u> 488 MADISON AVENUE, 19TH FLOOR, NEW YORK, NY 1000	COURT APPOINTED MONITOR	95,950.
<u>JERRT MARTON</u> 4 CASTLE HEIGHTS AVENUE, UPPER NYACK, NY 10960	CASE MANAGEMENT	72,613.
Total number of other contractors receiving over \$50,000 for other services	0	

THE MENTAL HEALTH ASSOCIATION

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>20,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <u>VI-A, LINE 38B</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

THE MENTAL HEALTH ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2007 OF NEW YORK CITY, INC.

13-2637308 Page 4

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11,924,123.	10,998,338.	11,405,218.	10,972,612.	45,300,291.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	283,566.	357,802.	169,020.	82,049.	892,437.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	145,656.	121,186.	17,031.	54,833.	338,706.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		175,554.	SEE STATEMENT 14 13,880.		189,434.
23 Total of lines 15 through 22	12,353,345.	11,652,880.	11,605,149.	11,109,494.	46,720,868.
24 Line 23 minus line 17	12,069,779.	11,295,078.	11,436,129.	11,027,445.	45,828,431.
25 Enter 1% of line 23	123,533.	116,529.	116,051.	111,095.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 916,569.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 45,828,431.
d Add: Amounts from column (e) for lines: 18 338,706. 19 _____ 22 189,434. 26b _____					26d 528,140.
e Public support (line 26c minus line 26d total)					26e 45,300,291.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.8476%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

THE MENTAL HEALTH ASSOCIATION

Part V

Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

THE MENTAL HEALTH ASSOCIATION

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	20,000.
38	Total lobbying expenditures (add lines 36 and 37)	38	20,000.
39	Other exempt purpose expenditures	39	0.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	20,000.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41		41	4,000.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	1,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	16,000.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	4,000.				4,000.
46					6,000.
47	20,000.				20,000.
48	1,000.				1,000.
49					1,500.
50					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

THE MENTAL HEALTH ASSOCIATION
OF NEW YORK CITY, INC.

Employer identification number

13-2637308

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule-

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

Special Rules-

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.	Employer identification number 13-2637308
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMERICAN RED CROSS C/O MENTAL HEALTH ASSOCIATION OF NYC, INC., 50 BROADWAY NEW YORK, NY, 10004	\$ 951,499.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OTHER CONTRIBUTORS LESS THAN 2% OF LINE 1E C/O MENTAL HEALTH ASSOCIATION OF NYC, INC., 50 BROADWAY NEW YORK, NY, 10004	\$ 568,499.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
GIVING HOPE, SAVING LIVES	551,825.	213,012.	338,813.	243,710.	95,103.
TO FM 990, PART I, LINE 9	551,825.	213,012.	338,813.	243,710.	95,103.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTED SERVICES	672,420.	672,420.		
SUBCONTRACTED SERVICES	39,734.	39,734.		
INSURANCE	76,951.	65,712.	11,239.	
DUES AND SUBSCRIPTIONS	33,177.	13,023.	20,154.	
ADVERTISING AND PROMOTION	29,869.	24,682.	5,187.	
STAFF TRAINING AND RECRUITING	66,346.	6,578.	59,768.	
OTHER	78,285.	67,478.	10,807.	
CLIENT STIPENDS AND RELATED EXPENSES	93,042.	81,119.	11,923.	
CLIENT FOOD, WELFARE AND PROGRAM EVENTS	62,324.	62,324.		
OTHER PROFESSIONAL FEES	896,536.	623,158.	268,522.	4,856.
TOTAL TO FM 990, LN 43	2,048,684.	1,656,228.	387,600.	4,856.

DESCRIPTION OF PROGRAM SERVICE ONE

PUBLIC EDUCATION & ADVOCACY: MHA OF NYC HELPS ALL AGES, ACROSS ALL CULTURES CITYWIDE, GET TREATMENT THEY NEED TO LEAD FULL PRODUCTIVE LIVES, BY ADVANCING EARLY DETECTION AND INTERVENTION AND PROVIDING INFORMATION TO COMBAT THE STIGMA ATTACHED TO MENTAL ILLNESS. MHA OF NYC PROVIDES MEDIA OUTREACH, SEMINARS AND WORKSHOPS ON MENTAL HEALTH TOPICS AND INFORMATION AND SCREENING AT NO COST. MHA IS SHAPING POLICIES THAT BENEFIT PEOPLE OF ALL AGES BY IDENTIFYING UNMET MENTAL NEEDS AND WORKING COLLABORATIVELY WITH ADVOCATES, LEGISLATORS, AND OTHER STAKEHOLDERS. RELIEF AND SUICIDE PREVENTION ON A NATIONAL SCALE, LINKING PEOPLE OF ALL AGES TO THE MENTAL HEALTH SERVICES THEY NEED IN TIMES OF DISTRESS.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

806,085.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE THREE

SUPPORTIVE HOUSING PROGRAM AND REHABILITATION SERVICES: MHA OF NYC PROVIDES DAILY EDUCATION, VOCATIONAL AND SOCIAL ACTIVITIES THROUGH WHICH PARTICIPANTS GAIN ESSENTIAL LIFE SKILLS AND ACQUIRE JOB SKILLS. A CONTINUUM OF EMPLOYMENT TRAINING AND PLACEMENT OPPORTUNITIES ARE INTEGRAL COMPONENTS OF THE PROGRAM MODEL AND PREPARE MEMBERS TO ENTER THE WORK FORCE AND RESUME ECONOMIC SELF SUFFICIENCY.

MHA OF NYC WORKS IN THE DEVELOPMENT & OPERATIONS OF A TRANSITIONAL HOUSING PROGRAM FOR INDIVIDUALS WITH MENTAL ILLNESS WHO ARE IN NEED OF SUCH FACILITIES DURING THE PERIOD OF REHABILITATION AND JOB TRAINING.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE C

3,158,336.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE FOUR

LIFENET & CRISIS SERVICE: THROUGH ITS PUBLIC INFORMATION AND REFERRAL CENTER MHA STRIVES TO DISPEL THE MYTH AND FEARS ASSOCIATED WITH MENTAL ILLNESS BY THE GENERAL PUBLIC LIFENET; A PROFESSIONAL STAFFED 24 - HOUR, 7 DAY A WEEK TOLL-FREE INFORMATION AND REFERRAL CENTER WITH THE CITY'S LARGEST DATABASE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE LISTING. LIFENET CAN ALSO LINK CALLERS IN CRISIS TO ONE OF THE CITY'S MOBILE CRISIS TEAMS WHO CAN COME TO THEIR HOME AND PROVIDE EVALUATION AND BRIEF TREATMENT. THE 1-800-LIFENET HOTLINE MODEL GIVES THE MHA OF NYC A POWERFUL TOOL TO HELP MEET THE CHALLENGES OF DISASTER RELIEF AND SUICIDE PREVENTION ON A NATIONAL SCALE, LINKING PEOPLE OF ALL AGES TO THE MENTAL HEALTH SERVICES THEY NEED IN TIMES OF DISTRESS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		3,247,708.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

THE MISSION OF MENTAL HEALTH ASSOCIATION IS TO PROMOTE HEALTH CARE IN NEW YORK CITY THROUGH ADVOCACY, PUBLIC INFORMATION, COMMUNITY EDUCATION AND MODEL PROGRAM DEVELOPMENT ACTIVITIES.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSITS DUE FROM AFFILIATE EIN# 32-0134375- NON-INTEREST BEARING OTHER RECEIVABLES	265,481.	285,191.
	406,912.	462,625.
		265,606.
TOTAL TO FORM 990, PART IV, LINE 58	672,393.	1,013,422.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MONEY MARKET FUNDS	FMV			1,744,290.	1,744,290.
TO FORM 990, LINE 54A, COL B				1,744,290.	1,744,290.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
FUNDRAISING EXPENSE NETTED AGAINST FUNDRAISING REVENUE	243,710.
RELATED PARTY REVENUE: LINK2HEALTH	4,145,779.
TOTAL TO FORM 990, PART IV-A	4,389,489.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
FUNDRAISING EXPENSE NETTED AGAINST FUNDRAISING REVENUE	243,710.
RELATED PARTY EXPENSES:LINK2HEALTH	4,143,982.
TOTAL TO FORM 990, PART IV-B	4,387,692.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 11
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GISELLE STOLPER 50 BROADWAY NEW YORK, NY 10004	EXECUTIVE DIRECTOR 40.00	251,600.	7,548.	0.
SAMUEL L. BROOKFIELD 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
LEONARD M. POLISAR, ESQ. 50 BROADWAY NEW YORK, NY 10004	CO-CHAIR 0.25	0.	0.	0.
KEVIN J. DANEHY 50 BROADWAY NEW YORK, NY 10004	PRESIDENT 0.25	0.	0.	0.
ROBERT DEVINE 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
CYNTHIA ZIRINSKY 50 BROADWAY NEW YORK, NY 10004	VICE-PRESIDENT 0.25	0.	0.	0.
ALAN H. RUTSKY 50 BROADWAY NEW YORK, NY 10004	TREASURER 0.25	0.	0.	0.
CAROL J. ANTLER, L.C.S.W 50 BROADWAY NEW YORK, NY 10004	DIRECTOR 0.25	0.	0.	0.
JAMES E. OBI 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
MR RUSSELL M. BANKS 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
JOSEPH F. PEYRONNIN, III 50 BROADWAY NEW YORK, NY 10004	VICE PRESIDENT 0.25	0.	0.	0.

LINDA POQUE 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
MICHAEL NISSAN 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
BRUCE J. SCHWARTZ, M.D. 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
HOWARD F. SHARFSTEIN, ESQ 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
WILLIAM L. SOUTHARD 50 BROADWAY NEW YORK, NY 10004	VICE PRESIDENT 0.25	0.	0.	0.
ANN M. SULLIVAN, M.D. 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
ROBERT P. BORSODY, ESQ 50 BROADWAY NEW YORK, NY 10004	SECRETARY 0.25	0.	0.	0.
RICHARD B. CLARK 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
TOVA D. FRIEDLER, PH.D 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
LYNDA GARDNER 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
JOHN D. ROBINSON 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
TIM BROSANAN 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
HILLARY CASTILLO 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.

HON GEORGE L. JUROW 50 BROADWAY NEW YORK, NY 10004	EMERITUS DIRECTOR 0.25	0.	0.	0.
IRVING LADIMER, S.J.D 50 BROADWAY NEW YORK, NY 10004	EMERITUS DIRECTOR 0.25	0.	0.	0.
HARRIET PARNES, R.N. 50 BROADWAY NEW YORK, NY 10004	EMERITUR DIRECTOR 0.25	0.	0.	0.
HON. ROSE L. RUBIN 50 BROADWAY NEW YORK, NY 10004	EMERITUS DIRECTOR 0.25	0.	0.	0.
ROBERT NASH 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
DIANA GAINES 50 BROADWAY NEW YORK, NY 10004	BOARD MEMBER 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>251,600.</u>	<u>7,548.</u>	<u>0.</u>

FORM 990 PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 12

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
GERALD MCCLEERY	15,704.	509.	0.
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
LINK2HEALTH SOLUTIONS INC.		32-0134375	
RELATIONSHIP BETWEEN ORGANIZATIONS			
AFFILIATE			

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 13

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	TRAINING FOR PROFESSIONALS INVOLVED IN TREATING MENTALLY ILL CHEMICAL ABUSERS
93B	RENT COLLECTED FROM SUPPORTIVE HOUSING CLIENTS HELP MHA TO ASSIST ADULTS IN RECOVERY FROM MENTAL ILLNESS AND THEIR FAMILIES TO LIVE THE MOST INDEPENDENT, NORMATIVE AND COMMUNITY-BASED SETTING.
93C	OTHER PROGRAM REVENUE COMES FROM SPEAKING AND LECTURING ABOUT PUBLIC EDUCATION AND OUTREACH.

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
LEASE SETTLEMENT	0.	175,000.	0.	0.
MISCELLANEOUS INCOME	0.	554.	9,818.	0.
GAIN ON SALES OF ASSETS	0.	0.	4,062.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	175,554.	13,880.	0.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.	Employer identification number 13-2637308
	Number, street, and room or suite no. If a P.O. box, see instructions. 50 BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **RAVI RAMASWAMY**
Telephone No. ▶ **212-254-0333** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2007, or fiscal year beginning JUL 1, 2007, and ending JUN 30, 2008

2007

Department of the Treasury
Internal Revenue Service

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

Return ID (20-digit number) ▶

N/A

Name of exempt organization **THE MENTAL HEALTH ASSOCIATION
OF NEW YORK CITY, INC.**

Employer identification number
13-2637308

Name and title of officer
**RAVI RAMASWAMY
CFO**

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 from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing 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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>13120399</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

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 2007 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 RSM MCGLADREY, INC. to enter my PIN 54321
ERO firm name do not enter all zeros

as my signature on the organization's tax year 2007 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 2007 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 ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 13258941194
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 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.

ERO's signature ▶ _____ Date ▶ _____

**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 YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

JUNE 30, 2008

Prepared for	THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC. 50 BROADWAY NEW YORK, NY 10004
Prepared by	RSM MCGLADREY, INC. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	FEBRUARY 17, 2009
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2007
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2007 and ending (mm/dd/yyyy) 06/30/2008		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC. Number and street (or P.O. box if mail not delivered to street address) Room/suite 50 BROADWAY City or town, state or country and ZIP + 4 NEW YORK, NY 10004	d. Fed. employer ID no. (EIN) 13-2637308 e. NY State registration no. 01-96-16 f. Telephone number 212 254-0333 g. Email RRAMASWAMY@MHAOFNYC

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature _____	Printed Name _____	Title _____ Date _____
b. Chief Financial Officer or Treasurer	Signature _____	Printed Name _____	Title _____ Date _____

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
a. Article 7-A filing fee	\$ <u>25.</u>
b. EPTL filing fee	\$ <u>250.</u>
c. Total fee	\$ <u>275.</u>

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser

Fund raising counsel

Commercial co-venturer

2. Name of FRP:

AARON CONSULTING GROUP

Number and street (or P.O. box if mail is not delivered to street address):

377 FIFTH STREET

City or town, state or country and ZIP + 4:

BROOKLYN, NY 11215

3. FRP telephone number:

718-065-3344

4. Services provided by FRP (provide description):

DIRECT MAILING, INTERNET ADVERTISEMENTS

5. Compensation arrangement with FRP (provide description):

PER DIEM

6. Dates of contract 11/15/07 through 06/30/08

(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ 41,525.

THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)