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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. **The organization may have to use a copy of this return to satisfy state reporting requirements.**

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization MENTAL HEALTH CARE, INC. FOUNDATION		D Employer identification number 59-1622729
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 5707 NORTH 22ND STREET		E Telephone number 813-272-2244
		City or town, state or country, and ZIP + 4 TAMPA, FL 33610-4350		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G Accounting method:** Cash Accrual Other (specify) ▶

I Website: ▶ N/A **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

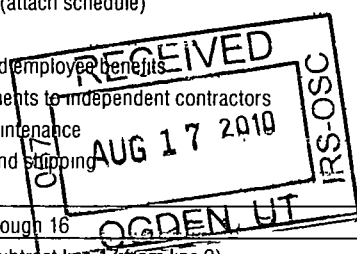
J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **131,513.**

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

Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received	10 Grants and similar amounts paid (attach schedule)	18 Excess or (deficit) for the year (Subtract line 17 from line 9)
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3 Membership dues and assessments	12 Salaries, other compensation, and employer benefits	20 Other changes in net assets or fund balances (attach explanation)
4 Investment income	13 Professional fees and other payments to independent contractors	21 Net assets or fund balances at end of year. Combine lines 18 through 20
5a Gross amount from sale of assets other than inventory	14 Occupancy, rent, utilities, and maintenance	
5b Less: cost or other basis and sales expenses	15 Printing, publications, postage, and shipping	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16 Other expenses (describe ▶ SEE STATEMENT 1)	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	17 Total expenses Add lines 10 through 16	
6a Gross revenue (not including \$ 67,066. of contributions reported on line 1)		
6b Less: direct expenses other than fundraising expenses		
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a Gross sales of inventory, less returns and allowances		
7b Less: cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe ▶ MISCELLANEOUS INCOME)		
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	178,308.	221,005.
23 Land and buildings		
24 Other assets (describe ▶ PLEDGES RECEIVABLE, FURNITURE)	123,431.	6,600.
25 Total assets	301,739.	227,605.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	301,739.	227,605.

SCANNED SEP 14 2010

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**MENTAL HEALTH CARE, INC.
FOUNDATION**

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0.</u>		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 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>		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ <u>FL</u>		
42a	The organization's books are in care of ▶ <u>MARJORIE CARTER</u> Telephone no. ▶ <u>813-239-8271</u> Located at ▶ <u>5707 NORTH 22ND STREET, TAMPA, FL</u> ZIP + 4 ▶ <u>33610-4350</u>		
42b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(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
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

Sign Here Signature of officer: *Julian Rice* Date: 8.11.10
 Type or print name and title: JULIAN RICE, CEO

Paid Preparer's Use Only Preparer's signature: *Anna R. Pataca* Date: 8-10-10 Check if self-employed:
 Firm's name (or yours if self-employed): CHERRY, BEKAERT & HOLLAND, L.L.P.
 address, and ZIP + 4: 1111 METROPOLITAN AVENUE, SUITE 1000 CHARLOTTE, NC 28204
 EIN: _____ Phone no.: 704-377-1678

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

MENTAL HEALTH CARE, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83,451.	21,167.	39,590.	32,505.	88,515.	265,228.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	83,451.	21,167.	39,590.	32,505.	88,515.	265,228.
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 Public support. Subtract line 5 from line 4						265,228.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	83,451.	21,167.	39,590.	32,505.	88,515.	265,228.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	392.	1,191.	1,283.		19,303.	22,169.
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)					2,550.	2,550.
11 Total support. Add lines 7 through 10						289,947.
12 Gross receipts from related activities, etc (see instructions)					12	335,279.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.47	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

MENTAL HEALTH CARE, INC.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CHILDREN'S BREAKFAST (event type)	STARRY NIGHTS (event type)	NONE (total number)		
Revenue	1	Gross receipts	38,526.	35,475.		74,001.
	2	Less Charitable contributions	37,726.	29,340.		67,066.
	3	Gross income (line 1 minus line 2)	800.	6,135.		6,935.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,318.	27,026.		36,344.
	10	Direct expense summary Add lines 4 through 9 in column (d)				(36,344)
	11	Net income summary Combine line 3, column (d), and line 10				<29,409.>

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))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	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	
	7	Direct expense summary Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary Combine line 1, column (d), and line 7				

	Yes	No
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? b If "No," explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers?		
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?		

**MENTAL HEALTH CARE, INC.
FOUNDATION**

		Yes	No
13 Indicate the percentage of gaming activity operated in. a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ► _____ Address ► _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____			
c If "Yes," enter name and address of the third party: Name ► _____ Address ► _____			
16 Gaming manager information. Name ► _____ Gaming manager compensation ► \$ _____ Description of services provided ► _____ _____ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____			

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
BAD DEBTS	794.
BANK & CREDIT CARD CHARGES	1,782.
EMPLOYEE DONATIONS EXPENSE	25.
LICENSES AND PERMITS	256.
MEALS	265.
MISCELLANEOUS	5,554.
OFFICE SUPPLIES	2,023.
PROGRAM EXPENSES	35,334.
TOTAL TO FORM 990-EZ, LINE 16	
	46,033.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
WRITE OFF OF RECEIVABLES	<106,803.>
RECLASS OF ENDOWMENT FUND	<9,205.>
TOTAL TO FORM 990-EZ, LINE 20	
	<116,008.>

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEN WALTERS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	CHAIR 1.00	0.	0.	0.
JUDY DATO, 5707 NORTH 22ND STREET, TAMPA, FL 33610	VICE CHAIR 1.00	0.	0.	0.
CALEB LEWIS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TREASURER 1.00	0.	0.	0.
ALYSA WARD, 5707 NORTH 22ND STREET, TAMPA, FL 33610	SECRETARY 1.00	0.	0.	0.
MARK ANDERSON, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
ANDREW COHEN, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
TROY COLLIER, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
VALERIE CLARK DIGENNARO, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
IRENE GUY, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
LONNIE HOMENUK, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
DAVE HUNTER, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
GUY KING, III, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
DOLORES MCINTOSH, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
SANDRA MURMAN, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.

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KIM O'BRIEN, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
OLIN SHIVERS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
KAREN WARD, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
JEFF WILLIS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
DR. RAHUL MEHRA, 5707 NORTH 22ND STREET, TAMPA, FL 33610	EX-OFFICIO 1.00	0.	0.	0.
JULIAN I. RICE, 5707 NORTH 22ND STREET, TAMPA, FL 33610	EX-OFFICIO 1.00	0.	0.	0.
LORNA L. GNIBUS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
REVEREND ABE BROWN, 5707 NORTH 22ND STREET, TAMPA, FL 33610	ADVISORY 1.00	0.	0.	0.
SANDRA HANNA, 5707 NORTH 22ND STREET, TAMPA, FL 33610	ADVISORY 1.00	0.	0.	0.
MONSIGNOR LAWRENCE HIGGINS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	ADVISORY 1.00	0.	0.	0.
BARBARA REEVES, 5707 NORTH 22ND STREET, TAMPA, FL 33610	ADVISORY 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

MENTAL HEALTH SERVICES FOR THE INDIGENT

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS	EXPENSES
GRAHAM HOME, SAFE PLACE AND WISH LIST	26,216.	26,216.
TOTAL TO FORM 990-EZ, LINE 31	26,216.	26,216.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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
 - 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization <u>Mental Health Care, Inc. Foundation</u>	Employer identification number <u>59-1622729</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>5707 North 22nd Street</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Tampa, FL 33610</u>	

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 ▶ Mental Health Care, Inc.

Telephone No. ▶ (813) 272-2244 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 8.15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2009 or

▶ tax year beginning _____, 20____, and ending _____, 20_____.

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	\$

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.