



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Return of Organization Exempt From Income Tax

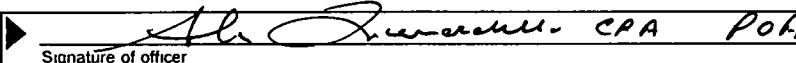
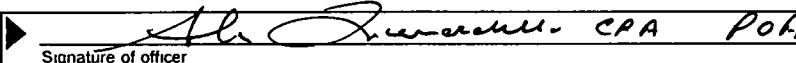
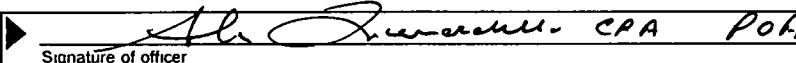
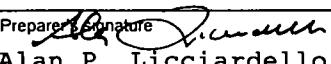
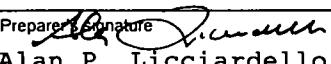
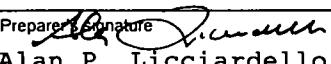
COPY

OMB No 1545-0047

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

<b>A For the 2010 calendar year, or tax year beginning Sep 1 , 2010, and ending Aug 31 , 2011</b>																							
<b>B Check if applicable.</b> <table border="0"> <tr><td><input type="checkbox"/> Address change</td><td><b>C Name of organization</b> THE ANNA FREUD CENTRE</td><td><b>D Employer identification number</b> 13-6167146</td></tr> <tr><td><input type="checkbox"/> Name change</td><td>Doing Business As</td><td></td></tr> <tr><td><input type="checkbox"/> Initial return</td><td>Number and street (or P.O. box if mail is not delivered to street addr)</td><td>Room/suite</td></tr> <tr><td><input type="checkbox"/> Terminated</td><td>c/o Alan Licciardello CPA 160-01 95th St</td><td></td></tr> <tr><td><input type="checkbox"/> Amended return</td><td>City, town or country</td><td>State ZIP code + 4</td></tr> <tr><td><input type="checkbox"/> Application pending</td><td>Howard Beach</td><td>NY 11414</td></tr> </table>		<input type="checkbox"/> Address change	<b>C Name of organization</b> THE ANNA FREUD CENTRE	<b>D Employer identification number</b> 13-6167146	<input type="checkbox"/> Name change	Doing Business As		<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street addr)	Room/suite	<input type="checkbox"/> Terminated	c/o Alan Licciardello CPA 160-01 95th St		<input type="checkbox"/> Amended return	City, town or country	State ZIP code + 4	<input type="checkbox"/> Application pending	Howard Beach	NY 11414				
<input type="checkbox"/> Address change	<b>C Name of organization</b> THE ANNA FREUD CENTRE	<b>D Employer identification number</b> 13-6167146																					
<input type="checkbox"/> Name change	Doing Business As																						
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street addr)	Room/suite																					
<input type="checkbox"/> Terminated	c/o Alan Licciardello CPA 160-01 95th St																						
<input type="checkbox"/> Amended return	City, town or country	State ZIP code + 4																					
<input type="checkbox"/> Application pending	Howard Beach	NY 11414																					
<b>F Name and address of principal officer:</b> <b>PROF PETER FONAGY 12 MARESFIELD GARDENS LONDON, UK</b>																							
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																							
<b>J Website:</b> ► N/A																							
<b>K Form of organization.</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►																							
<b>L Year of formation.</b> 1940 <b>M State of legal domicile:</b> UK																							
<b>Part II Summary</b>																							
<b>1</b> Briefly describe the organization's mission or most significant activities: <u>EDUCATIONAL PSYCHOANALYSIS</u>																							
<b>2</b> Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																							
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>14</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>14</b> <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>5</b> <b>0</b> <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>0</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>																							
<b>8</b> Contributions and grants (Part VIII, line 1h) <b>1,892,746.</b> <b>2,914,926.</b> <b>9</b> Program service revenue (Part VIII, line 2g) <b>3,315,869.</b> <b>3,460,605.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>710,199.</b> <b>1,165,705.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>87,075.</b> <b>147,157.</b> <b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>6,005,889.</b> <b>7,688,393.</b>																							
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>5,368,266.</b> <b>6,780,729.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>534,140.</b> <b>563,194.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>5,902,406.</b> <b>7,343,923.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>103,483.</b> <b>344,470.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► <b>0.</b>																							
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>13,928,501.</b> <b>15,658,157.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,831,423.</b> <b>2,002,241.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>12,097,078.</b> <b>13,655,916.</b>																							
<b>20</b> Total assets (Part X, line 16) <b>Beginning of Current Year</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) <b>13,928,501.</b> <b>15,658,157.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>1,831,423.</b> <b>2,002,241.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>12,097,078.</b> <b>13,655,916.</b>																							
<b>Part III Signature Block</b>																							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																							
<b>Sign Here</b> <table border="0"> <tr> <td>► </td> <td>04/06/12</td> </tr> <tr> <td>Signature of officer</td> <td>Date</td> </tr> <tr> <td>► MICHAEL SAMUEL</td> <td>DIRECTOR</td> </tr> <tr> <td>Type or print name and title</td> <td></td> </tr> </table>		► 	04/06/12	Signature of officer	Date	► MICHAEL SAMUEL	DIRECTOR	Type or print name and title															
► 	04/06/12																						
Signature of officer	Date																						
► MICHAEL SAMUEL	DIRECTOR																						
Type or print name and title																							
<b>Paid Preparer Use Only</b> <table border="0"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date</td> <td>Check <input checked="" type="checkbox"/> if self-employed</td> <td>PTIN</td> </tr> <tr> <td>Alan P. Licciardello</td> <td></td> <td>04/06/12</td> <td></td> <td></td> </tr> <tr> <td>Firm's name</td> <td>► ALAN P. LICCIARDELLO CPA</td> <td colspan="3" rowspan="2">Firm's EIN ►</td> </tr> <tr> <td>Firm's address</td> <td>► 16001 95TH STREET HOWARD BEACH NY 11414</td> </tr> <tr> <td colspan="2"></td> <td>Phone no</td> <td colspan="2">(718) 641-1681</td> </tr> </table>		Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	Alan P. Licciardello		04/06/12			Firm's name	► ALAN P. LICCIARDELLO CPA	Firm's EIN ►			Firm's address	► 16001 95TH STREET HOWARD BEACH NY 11414			Phone no	(718) 641-1681	
Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN																			
Alan P. Licciardello		04/06/12																					
Firm's name	► ALAN P. LICCIARDELLO CPA	Firm's EIN ►																					
Firm's address	► 16001 95TH STREET HOWARD BEACH NY 11414																						
		Phone no	(718) 641-1681																				
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
<b>BAA For Paperwork Reduction Act Notice, see the separate instructions.</b>																							

91 1728 9 H

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

- 1 Briefly describe the organization's mission:

EDUCATIONAL PSYCHOANALYSIS

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If 'Yes,' describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If 'Yes,' describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 6,780,729. including grants of \$ 0.) (Revenue \$ 6,886,152.)TRAINING, RESEARCH, TREATMENT SERVICES AND PRACTICE IN  
PSYCHOANALYTIC METHODS OF CHILD THERAPY INCLUDING PREVENTIVE  
PROGRAMS FOR CHILDREN UNDER FIVE

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 6,780,729.

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 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	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b X	

## Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to file. (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	
4a 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)? <i>b If 'Yes,' enter the name of the foreign country: ► United Kingdom</i> <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>	4a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9a	X
a Did the organization make any taxable distributions under section 4966?	9b	X
b Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13b	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c Enter the amount of reserves on hand		
<b>14a Did the organization receive any payments for indoor tanning services during the tax year?</b>	14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	

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

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

### Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	14
b Enter the number of voting members included in line 1a, above, who are independent. . . . .	1b	14
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . .	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	X
6 Does the organization have members or stockholders? . . . . .	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? . . . . .	8a	X
b Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .	9	X

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

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

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. . . . .
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 

Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 

► THE ORGANIZATION 12 MARESFIELD GARDENS LONDON, UK (718) 641-1681

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual Trustee	Institutional Trustee	Officer	Key Employee	Employment Contract			
(1) PROF. PETER FONAGY PHD DIP PSY FBA CHIEF EXECUTIVE	10.00	X		X				0.	0.	0.
(2) ROS BISMEAD BA (HONS) GENERAL MGR	10.00	X		X				0.	0.	0.
(3) HON. MICHAEL SAMUEL CHAIR OF THE BOARD	10.00	X		X				0.	0.	0.
(4) JOHN C L EMANUEL FCA TRUSTEE	10.00	X						0.	0.	0.
(5) MARY TARGET PHD PROFESSIONAL DIRECTOR	10.00	X						0.	0.	0.
(6) PROFESSOR LINDA MAYES MD DIRECTORIAL TEAM CHAIR	10.00	X						0.	0.	0.
(7) MRS. ANNE MARIE SANDLER TRUSTEE	10.00	X						0.	0.	0.
(8) PROFESSOR SIR BRIAN JARMAN TRUSTEE	10.00	X						0.	0.	0.
(9) MRS. BUFFY SACHER TRUSTEE	10.00	X						0.	0.	0.
(10) PROFESSOR ANTON O KRIS TRUSTEE	10.00	X						0.	0.	0.
(11) MR. PETER OPPENHEIMER TRUSTEE	10.00	X						0.	0.	0.
(12) PROF CAROLYN W SLAYMAN TRUSTEE	10.00	X						0.	0.	0.
(13) MISS RUBY WAX TRUSTEE	10.00	X						0.	0.	0.
(14) -----										
(15) -----										
(16) -----										
(17) -----										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(c) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director	Individual trustee	Institutional trustee	Officer	Key employee				
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1b Sub-total							►	0.	0.	0.
c Total from continuation sheets to Part VII, Section A							►			
d Total (add lines 1b and 1c)							►	0.	0.	0.

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

Yes	No
3	X
4	X
5	X

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

## Part VIII | Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns ...	1a			
	b Membership dues .....	1b			
	c Fundraising events .....	1c			
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,914,926.		
	g Noncash contributions included in line 1a-1f: \$				
	h Total. Add lines 1a-1f .....		2,914,926.		
PROGRAM SERVICE REVENUE		Business Code			
	2a TREATMENT FEES	624100	836,474.	836,474.	0.
	b CONFERENCES & STUDY EVENTS	611710	909,006.	909,006.	0.
	c POST GRADUATE TRAINING	611710	1,310,145.	1,310,145.	0.
	d RESEARCH	624100	404,980.	404,980.	0.
	e				
	f All other program service revenue....				
	g Total. Add lines 2a-2f .....		3,460,605.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) .....				
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties .....				
		(i) Real	(ii) Personal		
	6a Gross Rents .....				
	b Less: rental expenses.				
	c Rental income or (loss) ...				
	d Net rental income or (loss) .....				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		244,153.	921,552.		
	b Less: cost or other basis and sales expenses .....				
	c Gain or (loss) .....	244,153.	921,552.		
	d Net gain or (loss) .....		1,165,705.	1,165,705.	0.
	8a Gross income from fundraising events (not including. \$ _____ of contributions reported on line 1c). See Part IV, line 18.				
	b Less: direct expenses .....	a			
	c Net income or (loss) from fundraising events. ....	b			
	9a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses .....	b			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances .....	a			
	b Less: cost of goods sold...	b			
	c Net income or (loss) from sales of inventory .....				
	Miscellaneous Revenue	Business Code			
	11a OTHER INCOME	900099	147,157.	147,157.	0.
	b				
	c				
	d All other revenue .....				
	e Total. Add lines 11a-11d .....		147,157.		
	12 Total revenue. See instructions .....		7,688,393.	4,773,467.	0.

**Part IX | Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	6,780,729.	6,780,729.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	200,548.	0.	200,548.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MANAGEMENT, ADMINISTRATIVE	54,153.	0.	54,153.	0.
b INVESTMENT ADVISORY SERVICES	42,269.	0.	42,269.	0.
c FUNDRAISING & PUBLICITY	266,224.	0.	266,224.	0.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,343,923.	6,780,729.	563,194.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>				
1	Cash – non-interest-bearing .....	762,412.	1	1,103,879.
2	Savings and temporary cash investments.....		2	
3	Pledges and grants receivable, net.....		3	
4	Accounts receivable, net .....	905,186.	4	1,102,662.
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
7	Notes and loans receivable, net.....		7	
8	Inventories for sale or use.....		8	
9	Prepaid expenses and deferred charges.....		9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a		
b	Less: accumulated depreciation.....	10b		10c
11	Investments – publicly traded securities .....	8,597,210.	11	9,627,843.
12	Investments – other securities. See Part IV, line 11.....		12	
13	Investments – program-related. See Part IV, line 11 .....		13	
14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11.....	3,663,693.	15	3,823,773.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34). .....	13,928,501.	16	15,658,157.
<b>LIABILITIES</b>				
17	Accounts payable and accrued expenses .....	1,831,423.	17	2,002,241.
18	Grants payable.....		18	
19	Deferred revenue .....		19	
20	Tax-exempt bond liabilities .....		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
23	Secured mortgages and notes payable to unrelated third parties .....		23	
24	Unsecured notes and loans payable to unrelated third parties .....		24	
25	Other liabilities. Complete Part X of Schedule D .....		25	
26	<b>Total liabilities.</b> Add lines 17 through 25 .....	1,831,423.	26	2,002,241.
<b>NET ASSETS OR FUND BALANCES</b>				
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
27	Unrestricted net assets .....	6,909,070.	27	7,759,768.
28	Temporarily restricted net assets .....	4,192,320.	28	4,383,624.
29	Permanently restricted net assets .....	995,688.	29	1,512,524.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds.....		30	
31	Paid-in or capital surplus, or land, building, or equipment fund.....		31	
32	Retained earnings, endowment, accumulated income, or other funds.....		32	
33	<b>Total net assets or fund balances.</b> .....	12,097,078.	33	13,655,916.
34	<b>Total liabilities and net assets/fund balances.</b> .....	13,928,501.	34	15,658,157.

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)...	1	7,688,393.
2 Total expenses (must equal Part IX, column (A), line 25)...	2	7,343,923.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	344,470.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))....	4	12,097,078.
5 Other changes in net assets or fund balances (explain in Schedule O) .....	5	1,214,368.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) .....	6	13,655,916.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

Yes	No
-----	----

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....

2a	X
----	---

- b Were the organization's financial statements audited by an independent accountant? .....

2b	X
----	---

- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2c	X
----	---

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:....

Separate basis  Consolidated basis  Both consolidated and separate basis

3a	X
----	---

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....

3b	
----	--

- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

**2010**Open to Public  
Inspection

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

Name of the organization

THE ANNA FREUD CENTRE

Employer identification number

13-6167146

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

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

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

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

**h** Provide the following information about the supported organization(s).

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.) . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total. Add lines 1 through 3..</b>						
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) . . . . .						
<b>6 Public support. Subtract line 5 from line 4. . . . .</b>						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
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.) . . . . .						
<b>11 Total support. Add lines 7 through 10 . . . . .</b>						
12 Gross receipts from related activities, etc (see instructions) . . . . .						<b>12</b>
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
15 Public support percentage from 2009 Schedule A, Part II, line 14. . . . .	<b>15</b>	%

**16a 33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the 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 – 2009.** 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 – 2010.** 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 – 2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in)\*

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 . . . . .						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in)\*

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add ins 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a</b> 33-1/3% support tests – 2010. 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>b</b> 33-1/3% support tests – 2009. 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 . . . . .		
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .		

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

---

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization

OMB No. 1545-0047

**2010**Open to Public  
Inspection**Supplemental Financial Statements**

- Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Employer identification number

THE ANNA FREUD CENTRE

13-6167146

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year . . . . .		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

- a Total number of conservation easements.....
- b Total acreage restricted by conservation easements.....
- c Number of conservation easements on a certified historic structure included in (a) .....
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
► \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1. .... ► \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X. .... ► \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .... ► \$ \_\_\_\_\_
- b Assets included in Form 990, Part X. .... ► \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

- d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? .....

Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? .....

Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment > \_\_\_\_\_ %

b Permanent endowment > \_\_\_\_\_ %

c Term endowment > \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? .....

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....

BAA

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►</b>		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b>		

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

(a) Description	(b) Book value
(1) TANGIBLE ASSETS	3,823,773.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, column(B), line 15) . . . ►</b>	<b>3,823,773.</b>

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

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

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)...	7,688,393.
2	Total expenses (Form 990, Part IX, column (A), line 25)...	7,343,923.
3	Excess or (deficit) for the year. Subtract line 2 from line 1...	344,470.
4	Net unrealized gains (losses) on investments...	
5	Donated services and use of facilities...	
6	Investment expenses...	
7	Prior period adjustments...	
8	Other (Describe in Part XIV)...	
9	Total adjustments (net). Add lines 4 through 8...	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9...	344,470.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,688,393.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,688,393.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,688,393.

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

1	Total expenses and losses per audited financial statements	1	7,343,923.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,343,923.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,343,923.

**Part XIV Supplemental Information**

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

**Part XIV Supplemental Information (continued)**

---

**Schedule F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No 1545-0047

**2010****Open to Public  
Inspection**► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

Name of the organization

**THE ANNA FREUD CENTRE**

Employer identification number

**13-6167146****Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b> .....					
<b>b Total from continuation sheets to Part I</b> ..					
<b>c Totals (add lines 3a and 3b)</b>					

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule F (Form 990) 2010**

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	RESEARCH & TRAI					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  1

3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see instructions for Form 926).  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, *Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A *Annual Information Return of Foreign Trust With a U.S. Owner* (see instructions for Forms 3520 and 3520-A).  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, *Information Return of U.S. Persons with respect to Certain Foreign Corporations*. (see instructions for Form 5471).  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, *Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund* (see instructions for Form 8621).  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, *Return of U.S. Persons with respect to Certain Foreign Partnerships*. (see instructions for Form 8865).  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, *International Boycott Report* (see instructions for Form 5713).  Yes  No

Pardi V

### **Supplemental Information**

**Supplemental Information**  
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Pt\_I Line 2

**SCHEDULE H**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- Complete if the organization answered 'Yes' to Form 990, Part IV, question 20.  
► Attach to Form 990.  
► See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

THE ANNA FREUD CENTRE

Employer identification number

13-6167146

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
1a Did the organization have a charity care policy? If 'No,' skip to question 6a . . .	1a	
b If 'Yes,' was it a written policy? . . .	1b	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to the various hospital facilities during the tax year.		
<input type="checkbox"/> Applied uniformly to all hospital facilities	<input type="checkbox"/> Applied uniformly to most hospital facilities	
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If 'Yes,' indicate which of the following was the FPG family income limit for eligibility for free care: . . .	3a	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG to determine eligibility for providing discounted care to low income individuals? If 'Yes,' indicate which of the following was the family income limit for eligibility for discounted care: . . .	3b	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the 'medically indigent'? . . .	4	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	
b If 'Yes,' did the organization's financial assistance expenses exceed the budgeted amount? . . .	5b	
c If 'Yes' to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . .	5c	
6a Did the organization prepare a community benefit report during the tax year? . . .	6a	
b If 'Yes,' did the organization make it available to the public? . . .	6b	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheets 1 and 2) . . .						
b Unreimbursed Medicaid (from Worksheet 3, column a) . . .						
c Unreimbursed costs — other means-tested government programs (from Worksheet 3, column b) . . .						
d Total Financial Assistance and Means-Tested Government Programs . . .						
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . .						
f Health professions education (from Worksheet 5) . . .						
g Subsidized health services (from Worksheet 6) . . .						
h Research (from Worksheet 7) . . .						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . .						
j Total. Other Benefits . . .						
k Total. Add line 7d and 7j . . .						

**Part II** **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III** **Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? ..... 1
- 2 Enter the amount of the organization's bad debt expense (at cost) ..... 2
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy ..... 3
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) ..... 5
- 6 Enter Medicare allowable costs of care relating to payments on line 5 ..... 6
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) ..... 7
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- 9a Did the organization have a written debt collection policy during the tax year? ..... 9a
- b If 'Yes,' did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI ..... 9b

**Part IV** **Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Part V Facility Information

## **Section A. Hospital Facilities**

**Section A: Hospital Facilities**  
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? . . . . . 1 . . . . .

**Part V Facility Information (continued)**

Copy 1 of 1

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

**Name of Hospital Facility:** NEUROSCIENCE LABORATORY**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** 1

	Yes	No
<b>Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)</b>		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If 'No,' skip to line 8.	1	
If 'Yes,' indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If 'Yes,' describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If 'Yes,' list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? _____	5	
If 'Yes,' indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If 'No,' explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	

**Financial Assistance Policy**

Did the hospital facility have in place during the tax year a written financial assistance policy that:

- 8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? \_\_\_\_\_
- 9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low-income individuals? \_\_\_\_\_

If 'Yes,' indicate the FPG family income limit for eligibility for free care: \_\_\_\_\_ %

## Part V Facility Information (continued)

Copy 1 of 1

	Yes	No
10 Used FPG to determine eligibility for providing/discounted care to low income individuals? If 'Yes,' indicate the FPG family income limit for eligibility for discounted care: _____ %	10	X
11 Explained the basis for calculating amounts charged to patients? If 'Yes,' indicate the factors used in determining such amounts (check all that apply):	11	X
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12	X
13 Included measures to publicize the policy within the community serviced by the hospital facility? If 'Yes,' indicate how the hospital facility publicized the policy (check all that apply):	13	X
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

## Billing and Collections

14 Did the hospital have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	X
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If 'Yes,' check all collection actions in which the hospital facility or a third party engaged (check all that apply):	16	X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply)		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

BAA

Schedule H (Form 990) 2010

## Part V Facility Information (continued)

Copy 1 of 1

## Policy Relating to Emergency Medical Care

- 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....

If 'No,' indicate the reasons why (check all that apply):

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility did not have a policy relating to emergency medical care
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

	Yes	No
18		X

## Charges for Medical Care

- 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a  The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b  The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c  The hospital facility used the Medicare rate for those services
- d  Other (describe in Part VI)

20		X

- 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....

If 'Yes,' explain in Part VI.

- 21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? .....

If 'Yes,' explain in Part VI.

**Part V Facility Information (continued)**

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 0

---

BAA

---

Schedule H (Form 990) 2010

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 5, and 9b, and Part V, Section B, lines 1, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
  - 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
  - 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
  - 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
  - 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
  - 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
  - 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

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

OMB No 1545-0047

2010

## ଓଡ଼ିଆ ଲୋକି ବ୍ୟକ୍ତିଗତିମାତ୍ରାବିରାମିତି

**Department of the Treasury  
Internal Revenue Service**

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

**Name of the organization**

## THE ANNA FREUD CENTRE

**Employer identification number**

13-6167146

Pt VI-A, Line 7b BOARD OF DIRECTORS OVERSEE DECISIONS

Pt VI-B, Line 11a ANNUAL MEETING OF DIRECTORS

Pt VI-B, Line 12c CONSTANT REVIEW OF POLICIES

Pt VI-B, Line 15 BOARD OF DIRECTORS INVOLVED IN DECISION MAKING

**Miscellaneous Statement**

<u>GAIN/(LOSS) ON SECURITIES PART I LINE 8C</u>		
<u>MERRILL LYNCH MANAGEMENT MARKET VALUE-NET</u>		

Total

**Supporting Statement of:**

Form 990 p 12/Part XI, Line 5

Description	Amount
INVESTMENT INCOME	363,463.
CURRENCY EXCHANGE	850,905.
Total	<u>1,214,368.</u>

Form 2848

(Rev March 2012)

Department of the Treasury  
Internal Revenue Service

Power of Attorney  
and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No 1545-0150

For IRS Use Only

Received by

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date / /

**Part I: Power of Attorney**

**Caution:** A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer Information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

THE ANNA FREUD CENTRE

c/o Alan Licciardello CPA 160-01 95th St

Howard Beach, NY 11414

hereby appoints the following representative(s) as attorney(s)-in-fact.

**2 Representative(s) must sign and date this form on page 2, Part II.**

Name and address

Alan P. Licciardello

16001 95TH STREET

HOWARD BEACH, NY 11414

Check if to be sent notices and communications

Name and address

Check if to be sent notices and communications

Name and address

Identifying number

13-6167146

Daytime telephone number

(718) 641-1681

Plan number (if applicable)

CAF No. 2005-69829R

PTIN P00283158

Telephone No (718) 641-1681

Fax No. (718) 641-1681

Check if new  Address  Telephone No.  Fax No.

CAF No.

PTIN

Telephone No.

Fax No.

Check if new  Address  Telephone No.  Fax No.

CAF No.

PTIN

Telephone No.

Fax No.

Check if new  Address  Telephone No.  Fax No.

to represent the taxpayer before the Internal Revenue Service for the following matters'

**3 Matters**

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc) (see instructions)	Tax Form Number (1040, 941, 720, etc) (if applicable)	Year(s) or Period(s) (if applicable) (see the instructions for line 3)
Tax Exempt	990	2010

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF**

**5 Acts authorized.** Unless otherwise provided below, the representative(s) generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties:  Substitute or add representative(s):  Signing a return: \_\_\_\_\_

Other acts authorized: \_\_\_\_\_

(see instructions for more information)

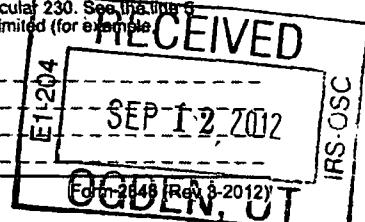
**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(a) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney:

BAA For Privacy Act and Paperwork Reduction Notice, see the instructions.

FD-129012 03/22/12

Form 2848 (Rev. 3-2012)

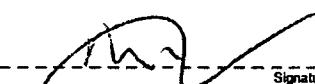


- 6 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 **Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

**► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.**

  
-----  
Signature

8-28-12  
-----  
Date

FINANCE MGR  
-----  
Title (if applicable)

ANDREW KAPORI  
Print Name

PIN Number

THE ANNA FREUD CENTRE

Print name of taxpayer from line 1 if other than individual

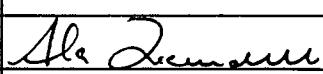
**Part II Declaration of Representative**

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there, and
- I am one of the following:
  - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent — enrolled as an agent under the requirements of Circular 230.
  - d Officer — a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee — a full-time employee of the taxpayer.
  - f Family Member — a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer — Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - i Registered Tax Return Preparer — registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - k Student Attorney or CPA — receives permission to practice before the IRS by virtue of his/her status as a law, business or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See Instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.  
REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ON PAGE 1. See the instructions for Part II.**

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the 'Licensing Jurisdiction' column. See the instructions for Part II for more information.

Designation — Insert above letter (a - r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
b	New York	068599		8/28/12