



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



2011

Open to Public  
Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

## A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable  
 C Name of organization  
 MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC

D Address change  
 E Name change  
 F Initial return  
 Number and street (or P O box if mail is not delivered to street address) 16 MAIN STREET

G Terminated  
 H Amended return  
 City or town, state or country, and ZIP + 4 HEMPSTEAD, NY 11550

I Application pending

F Name and address of principal officer  
 DAVID NEMIROFF  
 16 MAIN STREET  
 HEMPSTEAD, NY 11550

## D Employer identification number

11-1710983

## E Telephone number

(516) 489-2322

## G Gross receipts \$ 10,294,419

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW MHANC.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1953 M State of legal domicile NY

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION  
 DEDICATED TO IMPROVING MENTAL HEALTH THROUGH ADVOCACY, EDUCATION, PROGRAM DEVELOPMENT AND THE  
 DELIVERY OF DIRECT SERVICES

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	20
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	234
6 Total number of volunteers (estimate if necessary) . . . . .	6	28
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	199,639	70,776
9 Program service revenue (Part VIII, line 2g) . . . . .	8,837,477	9,701,200
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	224,290	144,354
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,266	45,900
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	9,400,672	9,962,230

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	367,225	398,187
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,901,276	6,540,527
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 9,461		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	3,024,012	2,855,286
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,292,513	9,794,000
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-891,841	168,230

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	11,960,255	12,080,456
21 Total liabilities (Part X, line 26) . . . . .	6,511,377	6,560,615
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	5,448,878	5,519,841

## Part II Signature Block

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

Sign Here	***** Signature of officer DAVID NEMIROFF EXECUTIVE DIRECTOR Type or print name and title	2012-06-20 Date	
	Preparer's signature ► FREDERICK H ROTHMAN	Date	
Paid Preparer's Use Only	Preparer's signature ► FREDERICK H ROTHMAN	Check if self-employed ►	Preparer's taxpayer identification number (see instructions) P01275277
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► LOEB & TROPER LLP 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017		EIN ► 13-1517563 Phone no ► (212) 867-4000

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

**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**

THE MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION DEDICATED TO IMPROVING MENTAL HEALTH THROUGH ADVOCACY, EDUCATION, PROGRAM DEVELOPMENT AND THE DELIVERY OF DIRECT SERVICES

**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?**

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

 Yes  No**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,266,058 including grants of \$ 398,187 ) (Revenue \$ 2,983,108 )

COMMUNITY RESIDENTIAL SERVICES - PROVIDES SUPPORTIVE ENVIRONMENTS THAT ENABLE EACH AND EVERY PERSON TO LIVE WITH DIGNITY IN THE COMMUNITY AND WORK TOWARD INDEPENDENT LIVING 66 CLIENTS WERE SERVED IN 2011

**4b** (Code ) (Expenses \$ 1,740,695 including grants of \$ ) (Revenue \$ 1,858,500 )

REHABILITATION AND COMMUNITY SUPPORT SYSTEM - PROVIDES RESOURCES TO HELP MENTALLY ILL ADULTS AND CHILDREN LEARN TO LEAD A PRODUCTIVE LIFE IN SOCIETY, THEY AS WELL PROVIDE EMERGENCY FUNDS TO INDIVIDUALS SERVED BY CASE MANAGERS THIS PROGRAM ALSO PROVIDES TRAINING FOR HUMAN SERVICE PROFESSIONALS AND A HOTLINE TO OFFER GUIDANCE, REFERRAL COUNSELLING AND ADVOCACY 5,995 CLIENTS WERE SERVED IN 2011

**4c** (Code ) (Expenses \$ 2,117,280 including grants of \$ ) (Revenue \$ 2,352,550 )

OPWDD (FORMERLY OMRDD) THIS PROGRAM COMPRISED OF AN INTERMEDIATE CARE FACILITY (ICF) AND INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA) PROVIDES PERMANENT HOUSING FOR CHILDREN WITH AUTISM AND AUTISTIC-LIKE BEHAVIORS WHILE THE ICF PROVIDES A STRUCTURED AND SUPERVISED LIVING EXPERIENCE FOR CHILDREN AGED 8-18, THE IRA ACCOMMODATES THOSE THAT ARE OLDER THAN 18 10 CLIENTS WERE SERVED IN 2011

(Code ) (Expenses \$ 307,531 including grants of \$ ) (Revenue \$ 498,007 )

SPECIAL SERVICES- TO PROVIDE GUIDANCE AND ASSIST MENTAL HEALTH CLIENTS

(Code ) (Expenses \$ 403,655 including grants of \$ ) (Revenue \$ 484,263 )

BLENDED CASE MANAGEMENT ASSISTS ADULTS WITH PSYCHIATRIC DISABILITIES TO LIVE SAFELY AND INDEPENDENTLY IN THE COMMUNITY OF THEIR CHOICE THROUGH DEVELOPMENT OF INDIVIDUALIZED SERVICE PLANS,LINKAGE AND REFERRAL TO NEEDED SERVICES AND SUPPORTS AND ASSISTANCE IN ACCESSING RESOURCES NEEDED TO ACHIEVE THE CLIENTS' STATED GOALS 138 CLIENTS WERE SERVED IN 2011

(Code ) (Expenses \$ 418,328 including grants of \$ ) (Revenue \$ 318,530 )

VESID AND MHA PROGRAMS - VESID PROVIDES SUPPORTED EMPLOYMENT SERVICES AS WELL AS DIRECT INTAKE, JOB DEVELOPMENT, AND JOB PLACEMENT ACTIVITIES FOR INDIVIDUALS IN RECOVERY FROM MENTAL HEALTH CHALLENGES THE VESID PROGRAM ENDED JUNE 30TH, 2011 AND SERVED 30 CLIENTS MHA PROGRAM SERVED 2,492 CLIENTS IN 2011 MHA PROGRAMS FINANCIAL MANAGEMENT MANAGES THE CONSUMERS' MONIES, STABILIZE THEIR HOUSING AND PROMOTE APPROPRIATE USE OF PERSONAL FUNDS, FINANCIAL EDUCATION AND GUIDANCE IS PROVIDED WHEN NECESSARY PUBLIC POLICY PROVIDES INFORMATION ON GERIATRIC MENTAL HEALTH ISSUES, COMMUNITY OUTREACH PROVIDES PUBLIC EDUCATION AND AWARENESS ON MENTAL HEALTH VETERAN'S ALLIANCE PROVIDES OUTREACH, TRAINING AND ADVOCACY SERVICES ON BEHALF OF VETERANS AND THEIR FAMILY MEMBERS

(Code ) (Expenses \$ 1,153,176 including grants of \$ ) (Revenue \$ 1,206,242 )

PROS SERVICES- PROS STAND FOR PERSONALIZED RECOVERY ORIENTED SERVICES AND IS DEFINED BY THE OFFICE OF MENTAL HEALTH AS A SHORT TERM, COMPREHENSIVE RECOVERY PROGRAM FOR INDIVIDUALS WITH SEVERE AND PERSISTENT MENTAL ILLNESS IT IS A MODEL THAT INTENDS TO INTEGRATE TREATMENT, SUPPORT AND REHABILITATION IN A MANNER THAT FACILITATES A CONSUMER'S RECOVERY SUCH GOALS OF THE PROS MODEL INCLUDE IMPROVING FUNCTIONING, REDUCING THE NEED FOR INPATIENT HOSPITALIZATION, INCREASING EMPLOYMENT AND EDUCATIONAL OPPORTUNITIES AS WELL AS SECURING HOUSING

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

(Expenses \$ 2,282,690 including grants of \$ ) (Revenue \$ 2,507,042 )

**4e Total program service expenses \$ 8,406,723**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

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 U.S.? If "Yes," complete Schedule F, Part II and IV

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 U.S.? If "Yes," complete Schedule F, Part III and IV

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

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9	Yes	
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

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

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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
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 owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	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	34	Yes	
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a		No
b	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35b		No
36	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	36		No
37	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
38	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	38	Yes	
<b>Note.</b> All Form 990 filers are required to complete Schedule O				

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	234
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
<b>b</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</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?	10a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	11a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	12a	
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>	20	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	20	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	No	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	No	
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	No	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	No	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	No	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>	No	

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

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

### Section C. Disclosure

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

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
MING LAN CAI  
16 MAIN STREET  
HEMPSTEAD, NY 11550  
(516) 489-2322

**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, and **current** key employees. 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee			
(1) MIRIAM RMILGROM PRESIDENT	1 00	X		X			0	0	0
(2) EDWARD W STACK VICE PRESIDENT	1 00	X		X			0	0	0
(3) RUSSELL G MATTHEWS VICE PRESIDENT	1 00	X		X			0	0	0
(4) ANITA SCHMIDT TREASURER	1 00	X		X			0	0	0
(5) ROBERT LAROCCA SECRETARY	1 00	X		X			0	0	0
(6) FRED BREWINGTON DIRECTOR	1 00	X					0	0	0
(7) JEAN LAU CHIN DIRECTOR	1 00	X					0	0	0
(8) DR JACK FARRINGTON DIRECTOR	1 00	X					0	0	0
(9) JOHN G GARVEY DIRECTOR	1 00	X					0	0	0
(10) JOHN P GERING DIRECTOR	1 00	X					0	0	0
(11) WILLIAM B KUHL DIRECTOR	1 00	X					0	0	0
(12) MARCIA R LEVINE DIRECTOR	1 00	X					0	0	0
(13) LANCE LEVY DIRECTOR	1 00	X					0	0	0
(14) JOHN LOWENTHAL DIRECTOR	1 00	X					0	0	0
(15) CLAUDE GOODING DIRECTOR	1 00	X					0	0	0
(16) KATHLEEN PETRONIS DIRECTOR	1 00	X					0	0	0
(17) CHRISTOPHER E MURRAY DIRECTOR	1 00	X					0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O )	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) MARGE SHUART DIRECTOR	1 00	X					0	0	0
(19) ELLEN SCHULMAN DIRECTOR	1 00	X					0	0	0
(20) LAURA SWIGGETT DIRECTOR	1 00	X					0	0	0
(21) DAVID NEMIROFF EXECUTIVE DIRECTOR	33 00			X			144,707	0	11,386
(22) ROSEANN MARSICANO CFO	33 00			X			97,088	0	16,284
(23) PAMELA S RICE CPO	33 00			X			116,425	0	7,493
<b>1b Sub-Total . . . . .</b>									
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>									
<b>d Total (add lines 1b and 1c) . . . . .</b>							358,220	0	35,163

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►0</b>		

**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	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 16,515					
	<b>b</b> Membership dues . . . . .	<b>1b</b> 13,968					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 40,293					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .	► 70,776					
Program Service Revenue	Business Code						
			<b>2a</b> MH - HOUSES	623000	2,983,108	2,983,108	
			<b>b</b> OPWDD - HOUSES	623990	2,352,550	2,352,550	
			<b>c</b> NASSAU COUNTY PROGRAMS	623000	1,858,500	1,858,500	
			<b>d</b> PROS SERVICES	900099	1,206,242	1,206,242	
			<b>e</b> BLENDED CASE MANAGEMEN	900099	484,263	484,263	
			<b>f</b> All other program service revenue		816,537	816,537	
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .	► 9,701,200					
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .	►	104,505		104,505		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	►					
	<b>5</b> Royalties . . . . .	►					
	<b>6a</b> Gross rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .	►					
	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	<b>b</b> Less cost or other basis and sales expenses	372,038					
	<b>c</b> Gain or (loss)	332,189					
	<b>d</b> Net gain or (loss) . . . . .	► 39,849				39,849	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	<b>b</b> Less direct expenses . . . . .	b					
	<b>c</b> Net income or (loss) from fundraising events . . . . .	►					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a						
<b>b</b> Less direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from gaming activities . . . . .	►						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a						
<b>b</b> Less cost of goods sold . . . . .	b						
<b>c</b> Net income or (loss) from sales of inventory . . . . .	►						
Miscellaneous Revenue		Business Code					
<b>11a</b> MISCELLANEOUS		900099	45,900		45,900		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	► 45,900						
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .	► 9,962,230	9,701,200	0	190,254			

**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)

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

<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>
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22	398,187	398,187		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	393,383	123,918	269,465	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	4,924,691	4,376,951	547,740	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	125,964	120,186	5,778	
<b>9</b> Other employee benefits . . . . .	543,447	540,315	2,044	1,088
<b>10</b> Payroll taxes . . . . .	553,042	452,659	95,534	4,849
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	36,610		36,610	
<b>c</b> Accounting . . . . .	38,000		38,000	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	19,220		19,220	
<b>g</b> Other . . . . .	226,029	139,544	86,485	
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	817,410	691,406	123,264	2,740
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	660,201	630,114	30,087	
<b>17</b> Travel . . . . .	95,932	69,157	26,775	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	37,908	32,761	5,147	
<b>20</b> Interest . . . . .	263,763	229,163	34,600	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	403,450	364,690	38,760	
<b>23</b> Insurance . . . . .	112,512	102,418	10,094	
<b>24</b> 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 )				
<b>a</b> FACILITY ASSESSMENT	76,459	76,459		
<b>b</b> BAD DEBT EXPENSE	34,611	34,611		
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b> All other expenses	33,181	24,184	8,213	784
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	9,794,000	8,406,723	1,377,816	9,461
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> <input checked="" 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**

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing	25,176	<b>1</b>	25,176
	2 Savings and temporary cash investments	157,550	<b>2</b>	702,833
	3 Pledges and grants receivable, net		<b>3</b>	
	4 Accounts receivable, net	2,218,082	<b>4</b>	2,206,393
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		<b>6</b>	
	7 Notes and loans receivable, net		<b>7</b>	
	8 Inventories for sale or use		<b>8</b>	
	9 Prepaid expenses and deferred charges	441,822	<b>9</b>	480,303
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	9,115,693	<b>10a</b>	
	b Less accumulated depreciation	3,033,784	<b>10b</b>	6,027,862
	11 Investments—publicly traded securities	2,984,528	<b>11</b>	2,473,476
	12 Investments—other securities See Part IV, line 11		<b>12</b>	
	13 Investments—program-related See Part IV, line 11		<b>13</b>	
	14 Intangible assets		<b>14</b>	
	15 Other assets See Part IV, line 11	105,235	<b>15</b>	110,366
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,960,255	<b>16</b>	12,080,456
Liabilities	17 Accounts payable and accrued expenses	972,602	<b>17</b>	1,066,104
	18 Grants payable		<b>18</b>	
	19 Deferred revenue	418,604	<b>19</b>	398,132
	20 Tax-exempt bond liabilities	2,185,000	<b>20</b>	2,135,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	23 Secured mortgages and notes payable to unrelated third parties	1,885,467	<b>23</b>	1,782,770
	24 Unsecured notes and loans payable to unrelated third parties	490,536	<b>24</b>	399,536
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	559,168	<b>25</b>	779,073
	<b>26 Total liabilities.</b> Add lines 17 through 25	6,511,377	<b>26</b>	6,560,615
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.</b>			
	27 Unrestricted net assets	5,406,552	<b>27</b>	5,368,548
	28 Temporarily restricted net assets	42,326	<b>28</b>	151,293
	29 Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		<b>30</b>	
	31 Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>	
	32 Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	33 Total net assets or fund balances	5,448,878	<b>33</b>	5,519,841
	<b>34 Total liabilities and net assets/fund balances</b>	11,960,255	<b>34</b>	12,080,456

**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	9,962,230
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,794,000
3	Revenue less expenses Subtract line 2 from line 1	3	168,230
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,448,878
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-97,267
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	5,519,841

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

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

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury

Internal Revenue Service

Name of the organization

MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC

Employer identification number

11-1710983

**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 **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
b <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	►

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	405,447	216,302	322,783	199,639	70,776	1,214,947
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	7,266,571	7,415,328	7,699,910	8,837,447	9,701,200	40,920,456
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>7,672,018</b>	<b>7,631,630</b>	<b>8,022,693</b>	<b>9,037,086</b>	<b>9,771,976</b>	<b>42,135,403</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<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						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public Support</b> (Subtract line 7c from line 6 )						<b>42,135,403</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	<b>7,672,018</b>	<b>7,631,630</b>	<b>8,022,693</b>	<b>9,037,086</b>	<b>9,771,976</b>	<b>42,135,403</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	229,030	251,187	172,097	149,660	104,505	906,479
<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>229,030</b>	<b>251,187</b>	<b>172,097</b>	<b>149,660</b>	<b>104,505</b>	<b>906,479</b>
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		6,590	22,558			29,148
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	157,524	182,740	37,236	163,876	45,900	587,276
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )	<b>8,058,572</b>	<b>8,072,147</b>	<b>8,254,584</b>	<b>9,350,622</b>	<b>9,922,381</b>	<b>43,658,306</b>

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

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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	96 510 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	95 520 %

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

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	2 080 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	2 420 %
<b>19a 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

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

**Facts And Circumstances Test**

**Explanation**

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions.

**Name of the organization**

MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC

**Employer identification number**

11-1710983

**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 may 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)

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year
2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

**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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	<b>Amount</b>
<b>1c</b>	3,199,132
<b>1d</b>	6,395,223
<b>1e</b>	7,858,739
<b>1f</b>	1,735,616

**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.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**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

**(i)** unrelated organizations . . . . .  Yes  No

**(ii)** related organizations . . . . .  Yes  No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .  Yes  No

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

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

	<b>Description of property</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		824,185			824,185
<b>b</b> Buildings . . . . .		7,710,358	2,635,977		5,074,381
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		581,150	397,807		183,343
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					6,081,909

**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		
Other		

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,962,230
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,794,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	168,230
4	Net unrealized gains (losses) on investments	4	-97,267
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-97,267
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	70,963

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

1	Total revenue, gains, and other support per audited financial statements	1	9,845,743
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	-97,267
e	Add lines 2a through 2d	2e	-97,267
3	Subtract line 2e from line 1	3	9,943,010
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,220
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	19,220
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	9,962,230

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

1	Total expenses and losses per audited financial statements	1	9,774,780
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	0
3	Subtract line 2e from line 1	3	9,774,780
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,220
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	19,220
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	9,794,000

**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, 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

Identifier	Return Reference	Explanation
	PART IV, LINE 1B	THE MHA RUNS A FINANCIAL MANAGEMENT PROGRAM TO MANAGE THE CONSUMER FUNDS, STABILIZE THEIR HOUSING AND PROMOTE APPROPRIATE USE OF PERSONAL FUNDS, FINANCIAL EDUCATION AND GUIDANCE IS PROVIDED WHEN NECESSARY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MHA HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING DECEMBER 31, 2008 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET UNREALIZED LOSSES ON INVESTMENTS -97,267

**Schedule I  
(Form 990)**

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

**► Attach to Form 990**

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

---

Name of the organization

MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC

**Employer identification number**

11-1710983

## Part I General Information on Grants and Assistance

1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EMERGENCY ASSISTANCE	491	398,187			

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MHANC ACTS AS A FISCAL INTERMEDIARY DISPENSING MONEY TO ADULTS AND CHILDREN DIAGNOSED WITH MENTAL ILLNESS PER THEIR INDIVIDUAL SERVICE PLAN THE SERVICE PLAN IS A DOCUMENT COMPLETED BY THE CONSUMER AND THEIR CASE MANAGER ONLY AUTHORIZED FUNDS FROM THE SERVICE PLAN ARE TO BE DISPENSED THE MHANC FACILITATES CHILDREN'S RESPITE FOR CHILDREN IN NEED OF TIME AWAY FROM THEIR PRIMARY CARE GIVER RESPITE IS PROVIDED IN VARIOUS CHILD CARE AGENCIES THROUGHOUT NASSAU COUNTY

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**

MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC

**Employer identification number**

11-1710983

**Part I Questions Regarding Compensation**

Yes

No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

**Schedule K  
(Form 990)****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Name of the organization

MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC

Employer identification number

11-1710983

**Part I Bond Issues**

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A TOWN OF HEMPSTEAD INDUSTRIAL DEVELOPMENT AGENCY	11-6001929	424674CE7	12-01-2004	2,405,000	AQUISITION AND RENOVATION OF 16 MAIN STREET, HEMPSTEAD, NEW YORK 11550		X		X		X

**Part II Proceeds**

1	Amount of bonds retired	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
2	Amount of bonds defeased								
3	Total proceeds of issue			2,310,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds			125,000					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			2,135,000					
11	Other spent proceeds								
12	Other unspent proceeds			4,813					
13	Year of substantial completion			2006					

14	Were the bonds issued as part of a current refunding issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?			X					
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use?		X						
<b>b</b> If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
<b>6</b> Total of lines 4 and 5								
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
<b>2</b> Is the bond issue a variable rate issue?		X						
<b>3a</b> Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was a hedge terminated?								
<b>4a</b> Were gross proceeds invested in a GIC?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>6</b> Did the bond issue qualify for an exception to rebate?		X						

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . .  Yes  No

**Part VI Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2011****Open to Public  
Inspection**

Name of the organization MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC	Employer identification number 11-1710983
--	--

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FINAL FORM 990 AS WILL BE FILED WITH THE IRS IS REVIEWED WITH MANAGEMENT AND THE FINANCE COMMITTEE OF THE GOVERNING BODY. THE REVIEW IS CONDUCTED AT A FORMALLY SCHEDULED MEETING OF THE INDEPENDENT AUDITOR WHO EXPLAINS THE CONTENTS AND ANSWERS QUESTIONS RELATED TO THE FORM. THE FORM 990 IS ALSO PRESENTED TO THE FULL BOARD OF DIRECTORS AT A FORMALLY SCHEDULED BOARD MEETING. FINALLY, THE FILED FORM 990 IS SHARED ON THE ORGANIZATION'S WEB SITE.
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL BOARD MEMBERS AND EMPLOYEES ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY AND ARE ASKED TO REVIEW THE POLICY AND TO DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY HAVE OCCURRED SINCE THE LAST DISCLOSURE. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE DISCLOSURES AS SUMMARIZED BY MANAGEMENT. ALL IDENTIFIED CONFLICTS OF INTEREST ARE DISCUSSED AND EITHER APPROVED OR REJECTED BY THE BOARD. A DIRECTOR WHO HAS A CONFLICT OF INTEREST MAY NOT VOTE ON THE TRANSACTION OR ARRANGEMENT AND MAY NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN. THE DIRECTOR'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.
	FORM 990, PART VI, SECTION B, LINE 15A	ANNUALLY, THE PRESIDENT OF THE BOARD, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE AND PERSONNEL COMMITTEE OF THE BOARD, REVIEWS AND EVALUATES THE EXECUTIVE DIRECTOR'S PERFORMANCE AGAINST A SERIES OF GOALS AND OBJECTIVES FOR THE YEAR WHICH HAVE BEEN PREVIOUSLY REVIEWED AND APPROVED BY THE CHAIRMAN, EXECUTIVE AND PERSONNEL COMMITTEES. THIS ANNUAL REVIEW IS DOCUMENTED BY THE CHAIR OF THE PERSONNEL COMMITTEE DESCRIBING THE CHALLENGES AND ACCOMPLISHMENTS OF THE PRIOR YEAR AND IS ALSO DISCUSSED WITH THE EXECUTIVE DIRECTOR. IN ESTABLISHING COMPENSATION LEVELS FOR THE EXECUTIVE DIRECTOR, THE BOARD CHAIR, EXECUTIVE COMMITTEE AND THE PERSONNEL COMMITTEE OF THE BOARD USE PERFORMANCE AND PERIODIC COMPENSATION SURVEYS OF OTHER SIMILAR TYPE ORGANIZATIONS, TO INFORM THEIR DECISIONS. MINUTES OF THE MEETING ARE MAINTAINED IN A CONFIDENTIAL FILE. HUMAN RESOURCES AND ACCOUNTING ARE NOTIFIED OF THE BOARD DECISION AND A COPY OF THE DECISION IS PLACED IN THE EXECUTIVE DIRECTOR'S FILE. THE PROCESS WAS LAST UNDERTAKEN IN MAY 2011.
	FORM 990, PART VI, SECTION C, LINE 18	FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION ALSO PROVIDES INFORMATION UPON REQUEST.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION HOLDS ANNUAL MEETINGS WHERE THESE DOCUMENTS ARE SHARED.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -97,267
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.
ALLOCATION OF HOURS TO RELATED ORGANIZATIONS	FORM 990, PART VII	DAVID NEMIROFF-2 HOURS PAMELA RICE-2 HOURS ROSEANN MARSICANO-2 HOURS

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

## Name of the organization

MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC

## Employer identification number

11-1710983

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CLINTON RESIDENCE INC 16 MAIN STREET HEMPSTEAD, NY 11550 11-3253737	PROVIDE HOUSING FOR MENTALLY ILL ADULTS	NY	501C(3)	9	MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC		No
(2) HAYPATH RESIDENCE INC 16 MAIN STREET HEMPSTEAD, NY 11550 11-2685650	PROVIDE HOUSING FOR MENTALLY ILL ADULTS	NY	501C(3)	9	MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC		No

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 11-1710983  
**Name:** MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY INC

### Form 990, Special Condition Description:

#### Special Condition Description

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 307,531 including grants of \$ ) (Revenue \$ 498,007 )

SPECIAL SERVICES- TO PROVIDE GUIDANCE AND ASSIST MENTAL HEALTH CLIENTS

(Code ) (Expenses \$ 403,655 including grants of \$ ) (Revenue \$ 484,263 )

BLENDED CASE MANAGEMENT ASSISTS ADULTS WITH PSYCHIATRIC DISABILITIES TO LIVE SAFELY AND INDEPENDENTLY IN THE COMMUNITY OF THEIR CHOICE THROUGH DEVELOPMENT OF INDIVIDUALIZED SERVICE PLANS,LINKAGE AND REFERRAL TO NEEDED SERVICES AND SUPPORTS AND ASSISTANCE IN ACCESSING RESOURCES NEEDED TO ACHIEVE THE CLIENTS' STATED GOALS 138 CLIENTS WERE SERVED IN 2011

(Code ) (Expenses \$ 418,328 including grants of \$ ) (Revenue \$ 318,530 )

VESID AND MHA PROGRAMS - VESID PROVIDES SUPPORTED EMPLOYMENT SERVICES AS WELL AS DIRECT INTAKE, JOB DEVELOPMENT, AND JOB PLACEMENT ACTIVITIES FOR INDIVIDUALS IN RECOVERY FROM MENTAL HEALTH CHALLENGES THE VESID PROGRAM ENDED JUNE 30TH, 2011 AND SERVED 30 CLIENTS MHA PROGRAM SERVED 2,492 CLIENTS IN 2011 MHA PROGRAMS FINANCIAL MANAGEMENT MANAGES THE CONSUMERS' MONIES, STABILIZE THEIR HOUSING AND PROMOTE APPROPRIATE USE OF PERSONAL FUNDS, FINANCIAL EDUCATION AND GUIDANCE IS PROVIDED WHEN NECESSARY PUBLIC POLICY PROVIDES INFORMATION ON GERIATRIC MENTAL HEALTH ISSUES, COMMUNITY OUTREACH PROVIDES PUBLIC EDUCATION AND AWARENESS ON MENTAL HEALTH VETERAN'S ALLIANCE PROVIDES OUTREACH, TRAINING AND ADVOCACY SERVICES ON BEHALF OF VETERANS AND THEIR FAMILY MEMBERS

(Code ) (Expenses \$ 1,153,176 including grants of \$ ) (Revenue \$ 1,206,242 )

PROS SERVICES- PROS STAND FOR PERSONALIZED RECOVERY ORIENTED SERVICES AND IS DEFINED BY THE OFFICE OF MENTAL HEALTH AS A SHORT TERM, COMPREHENSIVE RECOVERY PROGRAM FOR INDIVIDUALS WITH SEVERE AND PERSISTENT MENTAL ILLNESS IT IS A MODEL THAT INTENDS TO INTEGRATE TREATMENT, SUPPORT AND REHABILITATION IN A MANNER THAT FACILITATES A CONSUMER'S RECOVERY SUCH GOALS OF THE PROS MODEL INCLUDE IMPROVING FUNCTIONING, REDUCING THE NEED FOR INPATIENT HOSPITALIZATION, INCREASING EMPLOYMENT AND EDUCATIONAL OPPORTUNITIES AS WELL AS SECURING HOUSING