Screening for Mental Health, Inc.

Memo

To: Senator Charles E. Grassley-Ranking Member United States Senate Committee on Finance

From: Douglas Jacobs, MD-President & Chief Executive Officer Screening for Mental Health, Inc.

Date: 12/17/2009

Re: Funding from Pharmaceutical Industry

In response to your request for information regarding funding from the pharmaceutical industry, I have attached PDFs of Form 990 for the years 2006-2008.

Our policies specifically state that all pharmaceutical funds will be educational grants in aid and be unrestricted. There is no input that any pharmaceutical company has on any materials that SMH develops or distributes. No product branding appears on any materials distributed by SMH. Since we are a 501(c)(3) all sources of funding are referred to in the 990. None of our board members other than myself receive compensation. My compensation and other top executives in Screening for Mental Health, Inc. are listed in the 990.

I have responded to your request with the enclosed documents. Please contact me if additional information is needed.

Respectfully yours,

Douglas Jacobs MD

Douglas Jacobs, MD

President & Chief Executive Officer

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047
Department of the Treasury Internal Revenue Service

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

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

2006 Open to Public Inspection

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: Address change / Name change / Initial return / Final return / Amended return / Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SCREENING FOR MENTAL HEALTH, INC.

Number and street (or P.O. box if mail is not delivered to street address): C/O DOUGLAS JACOBS, ONE WASHINGTON ST. Room/suite: 304

City or town, state or country, and ZIP + 4: WELLESLEY HILLS, MA 02481-1706

D Employer identification number: 04-3221069

E Telephone number: 781-239-3475

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶ N/A

G Website: ▶ N/A

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

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

M Check ▶ [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,690,648.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	997,721.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	919,297.		
	e	Total (add lines 1a through 1d) (cash $ 1,917,018. noncash $)			1e	1,917,018.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	700,646.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	72,984.
	5	Dividends and interest from securities			5	
	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a			
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ [ ]				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	2,690,648.
Expenses	13	Program services (from line 44, column (B))			13	1,938,952.
	14	Management and general (from line 44, column (C))			14	758,933.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	2,697,885.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-7,237.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,896,545.
	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	1,889,308.

623001 01-18-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form 990 (2006)

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 2	25a	356,634.	356,634.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	824,754.	628,553.	196,201.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	84,955.	70,645.	14,310.	
30 Professional fundraising fees	30				
31 Accounting fees	31	38,125.		38,125.	
32 Legal fees	32	79,432.	7,168.	72,264.	
33 Supplies	33				
34 Telephone	34	60,064.	32,250.	27,814.	
35 Postage and shipping	35	138,570.	132,082.	6,488.	
36 Occupancy	36	151,137.	26,607.	124,530.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	401,801.	401,801.		
39 Travel	39	23,691.	17,085.	6,606.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	6,796.		6,796.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 1	43g	531,926.	266,127.	265,799.	
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,697,885.	1,938,952.	758,933.	0.

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

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

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

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

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01-23-07

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

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

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
What is the organization's primary exempt purpose? ▶ SEE STATEMENT 4	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 3	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,938,952.
b	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,938,952.

Form **990** (2006)

623021
01-18-07

Part IV Balance Sheets *(See the instructions.)*

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			183,724.	45	14,640.
46 Savings and temporary cash investments			1,730,835.	46	1,909,296.
47 a Accounts receivable	47a	26,666.			
b Less: allowance for doubtful accounts	47b		385,070.	47c	26,666.
48 a Pledges receivable	48a	33,000.			
b Less: allowance for doubtful accounts	48b			48c	33,000.
49 Grants receivable				49	
50 a Receivables from current and former officers, directors, trustees, and key employees				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
51 a Other notes and loans receivable	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			16,358.	53	22,389.
54 a Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
b Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b			55c	
56 Investments - other				56	
57 a Land, buildings, and equipment: basis	57a	256,492.			
b Less: accumulated depreciation STMT 5	57b	227,898.	6,517.	57c	28,594.
58 Other assets, including program-related investments (describe ▶)				58	
59 **Total assets** (must equal line 74). Add lines 45 through 58			2,322,504.	59	2,034,585.
Liabilities					
60 Accounts payable and accrued expenses			70,856.	60	118,611.
61 Grants payable				61	
62 Deferred revenue			355,103.	62	26,666.
63 Loans from officers, directors, trustees, and key employees				63	
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable				64b	
65 Other liabilities (describe ▶)				65	
66 **Total liabilities.** Add lines 60 through 65			425,959.	66	145,277.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			1,746,303.	67	1,859,308.
68 Temporarily restricted			150,242.	68	30,000.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			1,896,545.	73	1,889,308.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			2,322,504.	74	2,034,585.

Form **990** (2006)

623031
01-20-07

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	2,690,648.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	2,690,648.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	Total revenue (Part I, line 12). Add lines c and d ▶			e	2,690,648.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	2,697,885.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	2,697,885.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	Total expenses (Part I, line 17). Add lines c and d ▶			e	2,697,885.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6		340,018.	16,616.	0.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 7			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 8	75c	X	
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI **Other Information** *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 7 and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

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

90 a List the states with which a copy of this return is filed ▶ MA

b Number of employees employed in the pay period that includes March 12, 2006 — 90b: 17

91 a The books are in care of ▶ THE ORGANIZATION — Telephone no. ▶ 781-239-3475

Located at ▶ C/O DOUGLAS JACOBS, ONE WASHINGTON ST., WELLESLE — ZIP + 4 ▶ 02481-1706

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for Form **TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

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

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

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

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a SEE STATEMENT 9		700,646.			
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	72,984.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		700,646.		72,984.	0.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					773,630.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 10

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

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

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

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

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

Form **990** (2006)

623163
01-18-07

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

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

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

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

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

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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.

Douglas Jacobs MD President — Signature of officer | Date 11-27-07

DOUGLAS JACOBS, M.D., PRESIDENT — Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	BRAVER P.C. 25 CHRISTINA STREET NEWTON, MA 02461		EIN	
			Phone no. 617-969-3300	

Form 990 (2006)

623164/01-26-07

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

Name of the organization: SCREENING FOR MENTAL HEALTH, INC.

Employer identification number: 04 3221069

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

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

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANNE KELIHER 1 WASHINGTON ST.,#302, WELLESLEY, MA	DIRECTOR OF PROGRAMS 40.00	90,405.	2,400.	
GAIL REGAN 1 WASHINGTON ST.,#302, WELLESLEY, MA	IT MANAGER 40.00	87,250.	3,600.	
SHARON M PIGEON 1 WASHINGTON ST.,#302, WELLESLEY, MA	DIRECTOR OF PLANNING 40.00	84,341.	3,556.	
Total number of other employees paid over $50,000 ▶	0			

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

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
PROFESSIONAL PSYCHIATRIC ASSOCIATION 1 WASHINGTON ST, SUITE 302, WELLESLEY, MA 02481	MANAGEMENT SERVICES	120,334.
NBS CONSULTING 1 WASHINGTON ST, SUITE 180, WELLESLEY, MA 02481	CONSULTING SERVICES	94,062.
JOELLE REIZES 23225 BRYDEN RD , SHAKER HEIGHTS, OH 44122	RESEARCH CONSULTING	78,917.
Total number of others receiving over $50,000 for professional services ▶ 0		

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

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
STATELINE GRAPHICS 6 VICTORIA STREET, EVERETT, MA 02149	PRINTING AND MAILING	276,364.
MORGAN PRESS 60 BUCKLEY CIRCLE, MANCHESTER, NH 03109	PRINTING AND MAILING	73,142.
JOHN J. DALY CO 6 TIDE STREET, BOSTON, MA 02205	MAILING AND DELIVERY SERVICES	68,351.
Total number of other contractors receiving over $50,000 for other services ▶ 0		

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

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

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01-18-07

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

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

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,073,951.	2,774,784.	3,005,218.	2,952,254.	10,806,207.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	594,330.	653,080.	653,308.	516,940.	2,417,658.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	51,704.	29,256.	13,582.	18,711.	113,253.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,719,985.	3,457,120.	3,672,108.	3,487,905.	13,337,118.
24 Line 23 minus line 17	2,125,655.	2,804,040.	3,018,800.	2,970,965.	10,919,460.
25 Enter 1% of line 23	27,200.	34,571.	36,721.	34,879.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ **26a** 218,389.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 2,167,949.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 10,919,460.

d Add: Amounts from column (e) for lines: 18 113,253. 19 ______ 22 ______ 26b 2,167,949. ▶ **26d** 2,281,202.

e Public support (line 26c minus line 26d total) ▶ **26e** 8,638,258.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 79.1088%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2005) ______ (2004) ______ (2003) ______ (2002) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A

(2005) ______ (2004) ______ (2003) ______ (2002) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c** N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ **27d** N/A

e Public support (line 27c total minus line 27d total) ▶ **27e** N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f** N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) N/A

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

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

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2006

Name of organization	Employer identification number
SCREENING FOR MENTAL HEALTH, INC.	04-3221069

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule-

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

Special Rules-

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

623451 03-19-07

Name of organization	Employer identification number
SCREENING FOR MENTAL HEALTH, INC.	04-3221069

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ELI LILLY LILLY CORP. CENTER INDIANAPOLIS, IN 46285	$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	FOREST LABS 909 THIRD AVENUE NEW YORK, NY 10022	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	WYETH PHARMACEUTICALS 500 ARCOLA ROAD COLLEGEVILLE, PA 19426	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	RONALD MCDONALD HOUSE CHARITIES ONE KROC DRIVE OAK BROOK, IL 60523	$ 506,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	SUN SYSTEM DEVELOPMENT CORP. 111 N ORLANDO AVE WINTER PARK, FL 32789-3675	$ 55,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	LASER PRINTER	022794	200DB	5.00	17	671.			671.	671.		0.
2	(D)COMPUTER SYSTEM	022794	200DB	5.00	17	1,634.			1,634.	1,634.		0.
3	(D)COMPUTER SYSTEM	041994	200DB	5.00	17	523.			523.	523.		0.
4	(D)NETWORK CARDS AND SOFTWARE	040194	200DB	5.00	17	567.			567.	567.		0.
5	(D)MONITOR	042894	200DB	5.00	17	462.			462.	462.		0.
6	(D)NETWORK CARD AND MODEM	112994	200DB	5.00	17	407.			407.	407.		0.
7	(D)COMPUTER SYSTEM	121494	200DB	5.00	17	5,133.			5,133.	5,133.		0.
8	(D)DATABASE SETUP	063094	200DB	5.00	17	14,363.			14,363.	14,363.		0.
9	(D)MODEM AND SOFTWARE	111894	200DB	5.00	17	409.			409.	409.		0.
10	(D)ADDITIONAL COMPUTER HARDWARE	063094	200DB	5.00	17	540.			540.	540.		0.
11	FAX MACHINE	122094	200DB	5.00	17	467.			467.	467.		0.
13	(D)COMPUTER SET UP	122694	200DB	5.00	17	1,950.			1,950.	1,950.		0.
14	(D)MISC EQUIPMENT	052695	200DB	5.00	17	546.			546.	546.		0.
15	(D)COMPUTER SETUP	062695	200DB	5.00	17	638.			638.	638.		0.
16	(D)COMPUTER-SYSTEM	071395	200DB	5.00	17	3,032.			3,032.	3,032.		0.
17	OFFICE FURNITURE	090195	200DB	7.00	17	494.			494.	494.		0.
18	PHONES	090395	200DB	5.00	17	350.			350.	350.		0.

628102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	(D)COMPUTER SYSTEM	090595	200DB	5.00	17	2,756.			2,756.	2,756.		0.
20	LAPTOP COMPUTER	090595	200DB	5.00	17	2,487.			2,487.	2,487.		0.
21	PHONE SYSTEM	092195	200DB	5.00	17	1,857.			1,857.	1,857.		0.
22	LASER PRINTER	102795	200DB	5.00	17	2,341.			2,341.	2,341.		0.
23	(D)COMPUTER ACCESSORIES	102795	200DB	5.00	17	138.			138.	138.		0.
24	(D)COMPUTER ACCESSORIES	112995	200DB	5.00	17	62.			62.	62.		0.
28	(D)COPIER	020196	200DB	5.00	17	8,103.			8,103.	8,103.		0.
29	(D)COMPUTER SYSTEM	062096	200DB	5.00	17	1,746.			1,746.	1,746.		0.
30	(D)COMPUTER MEMORY	072996	200DB	5.00	17	326.			326.	326.		0.
31	(D)VARIOUS SOFTWARE UPGRADES AND PROGRAMS	061596	200DB	5.00	17	1,772.			1,772.	1,772.		0.
32	(D)COMPUTER SERIAL #KN704PS300	020597	200DB	5.00	17	1,882.			1,882.	1,882.		0.
33	(D)COMPUTER PARTS	022097	200DB	5.00	17	1,273.			1,273.	1,273.		0.
34	(D)COMPUTER KN12YZ247	042897	200DB	5.00	17	1,728.			1,728.	1,728.		0
35	(D)COMPUTER FRA75ACBC	042897	200DB	5.00	17	3,058.			3,058.	3,058.		0.
36	(D)COMPUTER KN710WB326	042597	200DB	5.00	17	1,812.			1,812.	1,812.		0.
37	OFFICE PARTITIONS	091097	200DB	7.00	17	3,452.			3,452.	3,452.		0.
38	OFFICE PARTITIONS	103097	200DB	7.00	17	626.			626.	626.		0.
39	(D)MODEMS	111597	200DB	5.00	17	420.			420.	420.		0.

628102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
44	(D)COMPUTER SYSTEM	012998	200DB	5.00	17	5,458.			5,458.	5,458.		0.
45	OFFICE FURNITURE	022798	200DB	7.00	17	1,678.			1,678.	1,678.		0.
46	(D)COMPUTER EQUIPMENT	041798	200DB	5.00	17	1,130.			1,130.	1,130.		0.
47	(D)AUDIO VISUAL EQUIPMENT	081598	200DB	5.00	17	240.			240.	240.		0.
51	TELEPHONE	020899	200DB	5.00	17	315.			315.	315.		0.
52	(D)COMPUTERS	050299	200DB	5.00	17	3,746.			3,746.	3,746.		0.
53	(D)COMPUTERS	060199	200DB	5.00	17	1,883.			1,883.	1,883.		0.
54	TELEPHONE	092399	200DB	5.00	17	100.			100.	100.		0.
55	FAX MACHINE	092899	200DB	5.00	17	390.			390.	390.		0.
56	LASER JET PRINTER(2)	122099	200DB	5.00	17	2,047.			2,047.	2,047.		0.
57	(D)COMPUTER	042600	200DB	5.00	17	4,518.			4,518.	4,518.		0.
58	(D)COMPUTER	042600	200DB	5.00	17	2,892.			2,892.	2,892.		0.
59	COMPUTER	102901	200DB	5.00	17	11,797.			11,797.	11,049.		748
60	COMPUTER	110102	200DB	5.00	17	2,407.			2,407.	2,043.		263.
61	COMPUTER	110102	200DB	5.00	17	1,709.			1,709.	1,451.		187.
62	COMPUTER	111302	200DB	5.00	17	6,847.			6,847.	5,812.		749.
63	COMPUTER	111302	200DB	5.00	17	1,630.			1,630.	1,383.		178.
64	LAPTOP COMPUTER	010303	200DB	5.00	17	6,585.			6,585.	4,688.		759.

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(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
65	COMPUTER	011403	200DB	5.00	17	1,715.			1,715.	1,221.		198.
66	COMPUTER	011403	200DB	5.00	17	1,715.			1,715.	1,221.		198.
67	COMPUTER - LAPTOP	042006	200DB	5.00	19B	1,572.			1,572.			393.
68	COMPUTER - HARDWARE	080106	200DB	5.00	19B	9,809.			9,809.			1,471.
69	COMPUTER - HARDWARE	080906	200DB	5.00	19B	5,693.			5,693.			854.
70	COMPUTER - LAPTOP	110306	200DB	5.00	19B	2,679.			2,679.			134.
71	COMPUTER EQUIPMENT	113006	200DB	5.00	19B	9,120.			9,120.			456.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					155,700.		0.	155,700.	121,290.	0.	6,588.
	MANAGEMENT AND GENERAL											
12	ORGANIZATION EXPENSE	020794		60M	43	1,110.			1,110.	1,110.		0.
25	REGISTERED TRADE MARK	091595	197	180M	43	2,622.			2,622.	1,808.		175.
26	REGISTERED TRADE MARK	022796	197	180M	43	490.			490.	324.		33.
27	PRODUCTION OF VIDEO-NEDSP	010196		36M	43	30,000.			30,000.	30,000.		0
40	H LEV DATA BASE WORK	063097		36M	43	19,380.			19,380.	19,380.		0.
41	FELT & CO.-VIDEO- NDSD	080697		36M	43	30,000.			30,000.	30,000.		0.
42	C. M. COSTELLO & ASS.-DATABASE INSTALLA	020198		36M	43	34,310.			34,310.	34,310.		0.
43	AT&T INSTALLATION	081597	195	60M	43	23,500.			23,500.	23,500.		0.
48	VIDEO TAPE-NEDSP	012898		36M	43	9,069.			9,069.	9,069.		0.

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(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	VIDEO-NDSD	081098		36M	43	11,000.			11,000.	11,000.		0.
50	VIDEO-NDSD	093098		36M	43	14,458.			14,458.	14,458.		0.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					175,939.		0.	175,939.	174,959.	0.	208.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT					331,639.		0.	331,639.	296,249.	0.	6,796.

628102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 OTHER EXPENSES STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT LABOR	209,927.	132,581.	77,346.	
INSURANCE	24,145.		24,145.	
OFFICE EXPENSE	61,520.	2,555.	58,965.	
MISCELLANEOUS	12,442.	6,592.	5,850.	
SUBSCRIPTIONS	1,657.	1,657.		
UTILITIES	3,612.		3,612.	
PROGRAM EXPENSE	85,615.	79,118.	6,497.	
ADVERTISING	25,524.	24,738.	786.	
ADMINSTRATIVE FEES	107,484.	18,886.	88,598.	
TOTAL TO FM 990, LN 43	531,926.	266,127.	265,799.	

FORM 990 OFFICER COMPENSATION ALLOCATION PART II, LINE 25A STATEMENT 2

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BARBARA KOPANS	140,000.	9,231.		149,231.
A. PROGRAM SERVICES		9,231.		9,231.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CONNIE DICOCCO	100,018.	7,385.		107,403.
A. PROGRAM SERVICES		7,385.		7,385.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES	16,616.
TOTAL MANAGEMENT AND GENERAL	
TOTAL FUNDRAISING	
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A	16,616.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

SCREENING FOR MENTAL HEALTH IS A NATIONAL COORDINATOR OF MENTAL HEALTH SCREENING DAYS. LOCAL HEALTH CARE FACILITIES SIGN UP TO RECEIVE KITS USED TO SCREEN THE LOCAL POPULACE FOR CERTAIN TYPES OF MENTAL DISORDERS. DURING 2006 THE SCREENING FOR MENTAL HEALTH PROJECT PROVIDED MANUALS AND REGISTRATION MATERIALS TO HUNDREDS OF SCREENING SITES THROUGHOUT THE UNITED STATES, ALLOWING THOUSANDS OF PEOPLE TO BE EDUCATED ABOUT AND SCREENED FOR MENTAL AND OTHER ILLNESSES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,938,952.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 4

EXPLANATION

SCREENING FOR MENTAL HEALTH, INC.(FORMERLY NATIONAL MENTAL ILLNESS SCREENING PROJECT, INC.) IS A NON PROFIT ORGANIZATION DEVELOPED IN AN EFFORT TO COORDINATE NATIONWIDE MENTAL HEALTH SCREENING PROGRAMS AND TO ENSURE COOPERATION, PROFESSIONALISM,AND ACCOUNTABILITY IN MENTAL HEALTH SCREENINGS. THE PURPOSE OF THE SCREENINGS IS TO CALL ATTENTION TO PARTICULAR MENTAL ILLNESSES ON A NATIONAL LEVEL, TO EDUCATE THE PUBLIC ABOUT THEIR SYMPTOMS AND EFFECTIVE TREATMENTS, TO OFFER INDIVIDUALS THE OPPORTUNITY TO BE SCREENED FOR THE ILLNESSES, AND TO CONNECT THOSE IN NEED OF TREATMENT TO THE MENTAL HEALTH CARE SYSTEM. SCREENINGS ARE CONDUCTED BY LOCAL MENTAL HEALTH PROFESSIONALS WITH MATERIALS PROVIDED BY SCREENING FOR MENTAL HEALTH, INC. IN ADDITION THE ORGANIZATION ALSO CONDUCTS AN EATING DISORDER SCREENING, AN ALCOHOL SCREENING PROGRAM AND A TELEPHONE ACCESS PROGRAM FOR EMPLOYERS.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LASER PRINTER	671.	671.	0.
FAX MACHINE	467.	467.	0.
ORGANIZATION EXPENSE	1,110.	1,110.	0.
OFFICE FURNITURE	494.	494.	0.
PHONES	350.	350.	0.
LAPTOP COMPUTER	2,487.	2,487.	0.
PHONE SYSTEM	1,857.	1,857.	0.
LASER PRINTER	2,341.	2,341.	0.
REGISTERED TRADE MARK	2,622.	1,983.	639.
REGISTERED TRADE MARK	490.	357.	133.
PRODUCTION OF VIDEO-NEDSP	30,000.	30,000.	0.
OFFICE PARTITIONS	3,452.	3,452.	0.
OFFICE PARTITIONS	626.	626.	0.
H LEV DATA BASE WORK	19,380.	19,380.	0.
FELT & CO.-VIDEO- NDSD	30,000.	30,000.	0.
C. M. COSTELLO & ASS.-DATABASE INSTALLATION	34,310.	34,310.	0.
AT&T INSTALLATION	23,500.	23,500.	0.
OFFICE FURNITURE	1,678.	1,678.	0.
VIDEO TAPE-NEDSP	9,069.	9,069.	0.
VIDEO-NDSD	11,000.	11,000.	0.
VIDEO-NDSD	14,458.	14,458.	0.
TELEPHONE	315.	315.	0.
TELEPHONE	100.	100.	0.
FAX MACHINE	390.	390.	0.
LASER JET PRINTER(2)	2,047.	2,047.	0.
COMPUTER	11,797.	11,797.	0.
COMPUTER	2,407.	2,306.	101.
COMPUTER	1,709.	1,638.	71.
COMPUTER	6,847.	6,561.	286.
COMPUTER	1,630.	1,561.	69.
LAPTOP COMPUTER	6,585.	5,447.	1,138.
COMPUTER	1,715.	1,419.	296.
COMPUTER	1,715.	1,419.	296.
COMPUTER - LAPTOP	1,572.	393.	1,179.
COMPUTER - HARDWARE	9,809.	1,471.	8,338.
COMPUTER - HARDWARE	5,693.	854.	4,839.
COMPUTER - LAPTOP	2,679.	134.	2,545.
COMPUTER EQUIPMENT	9,120.	456.	8,664.
TOTAL TO FORM 990, PART IV, LN 57	256,492.	227,898.	28,594.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DOUGLAS JACOBS, MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	PRESIDENT AND CEO 20.00	100,000.	0.	0.
JERROLD ROSENBAUM, MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
JAMES HENRY SCULLY, JR., MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
ALAN WEINSTEIN ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
MYRNA WEISSMAN, PHD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
ROSS BALDESSARINI, MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
LEONARD FREEDBERG, MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
BARBARA KOPANS ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	EXECUTIVE DIRECTOR 40.00	140,000.	9,231.	0.
CONNIE DICOCCO ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	MANAGING DIRECTOR 40.00	100,018.	7,385.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		340,018.	16,616.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 7
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PROFESSIONAL PSYCHIATRIC ASSOCIATES AND CONSULTANTS, P.C. #04-2871255		X

FORM 990 | PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS | STATEMENT 8

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DR. DOUGLAS JACOBS	430,000.	0.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
PROFESSIONAL PSYCHIATRIC ASSOCIATION	04-2871255

RELATIONSHIP BETWEEN ORGANIZATIONS

COMMON OWNERSHIP AND MANAGEMENT

COMPENSATION DESCRIPTION

COMPENSATION FOR SERVICES PROVIDED

FORM 990 | PROGRAM SERVICE REVENUE | STATEMENT 9

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
REGISTRATION FEES:NDSD		148,539.	20		
REGISTRATION FEES:COLLEGE RESPONSE		135,567.	20		
REGISTRATION FEES:ISP		250,393.	20		
REGISTRATION FEES:NASD		33,330.	20		
SOS SCHOOL REGISTRATIONS FEES		132,817.	20		
X-OTHER INCOME					
TO FORM 990, PART VII, LINE 93		700,646.			

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 10

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93 A	SCREENING FOR MENTAL HEALTH COLLECTS FEES FROM SCREENING SITES THAT PARTICIPATE IN NATIONAL DEPRESSION SCREENING DAY, NATIONAL EATING DISORDERS SCREENING PROGRAM, THE HIGH SCHOOL SOS SUICIDE PREVENTION PROGRAM AND THE WORKPLACE RESPONSE PROGRAM. ALL FEES HELP TO OFFSET THE COSTS SMH INCURS WHEN DEVELOPING AND DELIVERING PROGRAMS TO SCREENING SITES. FEES ARE BASED ON PROGRAM AND SITE SPECIFICATIONS AND REANGE FROM $50 TO $150. THE EXCEPTION IS THE WORKPLACE RESPONSE PROGRAM, WHICH INCLUDES TELEPHONE AND ON-LINE SCREENING AND IS PRICED ACCORDING TO EMPLOYEE POPULATION SIZE.

SCHEDULE A EXPLANATION OF TRANSACTIONS STATEMENT 11
PART III, LINE 2D

PAYMENT OF COMPENSATION: PROFESSIONAL PSYCHIATRIC ASSOCIATES IS A COMMON PAYMASTER WITH SCREENING FOR MENTAL HEALTH, INC. AS SUCH, SCREENING FOR MENTAL HEALTH, INC. HAS REIMBURSED PROFESSIONAL PSYCHIATRIC ASSOC. FOR EXPENSES IT INCURRED ON BEHALF OF SCREENING FOR MENTAL HEALTH, INC., INCLUDING $100,000 LISTED AS COMPENSATION FOR DOUGLAS JACOBS IN PART V-A OF FORM 990.ALSO SEE PART V-A, FORM 990 FOR OTHER RELATED PARTY COMPENSATION DISCLOSURES.

Form **4562** Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172 **2006** Attachment Sequence No. 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SCREENING FOR MENTAL HEALTH, INC.	FORM 990 PAGE 2	04-3221069

Part I Election To Expense Certain Property Under Section 179 **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	3,280.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		28,873.	5 YRS.	MQ	200DB	3,308.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (see instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	6,588.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
	: :	%						
	: :	%						
	: :	%						
27 Property used 50% or less in a qualified business use:								
	: :	%				S/L -		
	: :	%				S/L -		
	: :	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
	: :				
	: :				
43 Amortization of costs that began before your 2006 tax year				43	208.
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	208.

***** THIS IS NOT A FILEABLE COPY ****

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2006, or fiscal year beginning ______________, 2006, and ending ______________, 20 ___

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

▶ See instructions.

OMB No. 1545-1878

2006

Return ID (20-digit number) ▶ N/A

Name of exempt organization: SCREENING FOR MENTAL HEALTH, INC.

Employer identification number: 04-3221069

Name and title of officer: PRESIDENT
PRESIDENT

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

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

1a Form 990 check here ▶ [X]	b **Total revenue,** if any (Form 990, line 12)	1b	2690648
2a Form 990-EZ check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	b **Tax Based on Investment Income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	b **Balance Due** (Form 8868, line 3c)	5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BRAVER PC (ERO firm name) to enter my PIN 21069 (do not enter all zeros) as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **** THIS IS NOT A FILEABLE COPY **** Date ▶ ______________

Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 04494996012 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206,** Information for Authorized IRS *e-file* Providers of Exempt Organization Filings.

ERO's signature ▶ ______________________ Date ▶ ______________

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

LHA For Paperwork Reduction Act Notice, see instructions.
623051
10-30-06

Form **8879-EO** (2006)

2006 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SCREENING FOR MENTAL HEALTH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	LASER PRINTER	022794	200DB	5.00	17	671.			671.	671.		0.
2	(D)COMPUTER SYSTEM	022794	200DB	5.00	17	1,634.			1,634.	1,634.		0.
3	(D)COMPUTER SYSTEM	041994	200DB	5.00	17	523.			523.	523.		0.
4	(D)NETWORK CARDS AND SOFTWARE	040194	200DB	5.00	17	567.			567.	567.		0.
5	(D)MONITOR	042894	200DB	5.00	17	462.			462.	462.		0.
6	(D)NETWORK CARD AND MODEM	112994	200DB	5.00	17	407.			407.	407.		0.
7	(D)COMPUTER SYSTEM	121494	200DB	5.00	17	5,133.			5,133.	5,133.		0.
8	(D)DATABASE SETUP	063094	200DB	5.00	17	14,363.			14,363.	14,363.		0.
9	(D)MODEM AND SOFTWARE	111894	200DB	5.00	17	409.			409.	409.		0.
10	(D)ADDITIONAL COMPUTER HARDWARE	063094	200DB	5.00	17	540.			540.	540.		0.
11	FAX MACHINE	122094	200DB	5.00	17	467.			467.	467.		0.
13	(D)COMPUTER SET UP	122694	200DB	5.00	17	1,950.			1,950.	1,950.		0.
14	(D)MISC EQUIPMENT	052695	200DB	5.00	17	546.			546.	546.		0.
15	(D)COMPUTER SETUP	062695	200DB	5.00	17	638.			638.	638.		0.
16	(D)COMPUTER-SYSTEM	071395	200DB	5.00	17	3,032.			3,032.	3,032.		0.
17	OFFICE FURNITURE	090195	200DB	7.00	17	494.			494.	494.		0.
18	PHONES	090395	200DB	5.00	17	350.			350.	350.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SCREENING FOR MENTAL HEALTH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	(D)COMPUTER SYSTEM	090595	200DB	5.00	17	2,756.			2,756.	2,756.		0.
20	LAPTOP COMPUTER	090595	200DB	5.00	17	2,487.			2,487.	2,487.		0.
21	PHONE SYSTEM	092195	200DB	5.00	17	1,857.			1,857.	1,857.		0.
22	LASER PRINTER	102795	200DB	5.00	17	2,341.			2,341.	2,341.		0.
23	(D)COMPUTER ACCESSORIES	102795	200DB	5.00	17	138.			138.	138.		0.
24	(D)COMPUTER ACCESSORIES	112995	200DB	5.00	17	62.			62.	62.		0.
28	(D)COPIER	020196	200DB	5.00	17	8,103.			8,103.	8,103.		0.
29	(D)COMPUTER SYSTEM	062096	200DB	5.00	17	1,746.			1,746.	1,746.		0.
30	(D)COMPUTER MEMORY	072996	200DB	5.00	17	326.			326.	326.		0.
31	(D)VARIOUS SOFTWARE UPGRADES AND PROGRAMS	061596	200DB	5.00	17	1,772.			1,772.	1,772.		0.
32	(D)COMPUTER SERIAL #KN704PS300	020597	200DB	5.00	17	1,882.			1,882.	1,882.		0.
33	(D)COMPUTER PARTS	022097	200DB	5.00	17	1,273.			1,273.	1,273.		0.
34	(D)COMPUTER KN12YZ247	042897	200DB	5.00	17	1,728.			1,728.	1,728.		0.
35	(D)COMPUTER FRA75ACBC	042897	200DB	5.00	17	3,058.			3,058.	3,058.		0.
36	(D)COMPUTER KN710WB326	042597	200DB	5.00	17	1,812.			1,812.	1,812.		0.
37	OFFICE PARTITIONS	091097	200DB	7.00	17	3,452.			3,452.	3,452.		0.
38	OFFICE PARTITIONS	103097	200DB	7.00	17	626.			626.	626.		0.
39	(D)MODEMS	111597	200DB	5.00	17	420.			420.	420.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SCREENING FOR MENTAL HEALTH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
44	(D)COMPUTER SYSTEM	012998	200DB	5.00	17	5,458.			5,458.	5,458.		0.
45	OFFICE FURNITURE	022798	200DB	7.00	17	1,678.			1,678.	1,678.		0.
46	(D)COMPUTER EQUIPMENT	041798	200DB	5.00	17	1,130.			1,130.	1,130.		0.
47	(D)AUDIO VISUAL EQUIPMENT	081598	200DB	5.00	17	240.			240.	240.		0
51	TELEPHONE	020899	200DB	5.00	17	315.			315.	315.		0.
52	(D)COMPUTERS	050299	200DB	5.00	17	3,746.			3,746.	3,746.		0.
53	(D)COMPUTERS	060199	200DB	5.00	17	1,883.			1,883.	1,883.		0.
54	TELEPHONE	092399	200DB	5.00	17	100.			100.	100.		0.
55	FAX MACHINE	092899	200DB	5.00	17	390.			390.	390.		0.
56	LASER JET PRINTER(2)	122099	200DB	5.00	17	2,047.			2,047.	2,047.		0.
57	(D)COMPUTER	042600	200DB	5.00	17	4,518.			4,518.	4,518.		0.
58	(D)COMPUTER	042600	200DB	5.00	17	2,892.			2,892.	2,892.		0.
59	COMPUTER	102901	200DB	5.00	17	11,797.			11,797.	11,049.		748.
60	COMPUTER	110102	200DB	5.00	17	2,407.			2,407.	2,043.		263.
61	COMPUTER	110102	200DB	5.00	17	1,709.			1,709.	1,451.		187.
62	COMPUTER	111302	200DB	5.00	17	6,847.			6,847.	5,812.		749.
63	COMPUTER	111302	200DB	5.00	17	1,630.			1,630.	1,383.		178.
64	LAPTOP COMPUTER	010303	200DB	5.00	17	6,585.			6,585.	4,688.		759.

628102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

- CURRENT YEAR FEDERAL - SCREENING FOR MENTAL HEALTH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
65	COMPUTER	011403	200DB	5.00	17	1,715.			1,715.	1,221.		198.
66	COMPUTER	011403	200DB	5.00	17	1,715.			1,715.	1,221.		198.
67	COMPUTER - LAPTOP	042006	200DB	5.00	19B	1,572.			1,572.			393.
68	COMPUTER - HARDWARE	080106	200DB	5.00	19B	9,809.			9,809.			1,471
69	COMPUTER - HARDWARE	080906	200DB	5.00	19B	5,693.			5,693.			854.
70	COMPUTER - LAPTOP	110306	200DB	5.00	19B	2,679.			2,679.			134.
71	COMPUTER EQUIPMENT	113006	200DB	5.00	19B	9,120.			9,120.			456.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					155,700.		0.	155,700.	121,290.	0.	6,588.
	MANAGEMENT AND GENERAL											
12	ORGANIZATION EXPENSE	020794		60M	43	1,110.			1,110.	1,110.		0.
25	REGISTERED TRADE MARK	091595	197	180M	43	2,622.			2,622.	1,808.		175.
26	REGISTERED TRADE MARK	022796	197	180M	43	490.			490.	324.		33.
27	PRODUCTION OF VIDEO-NEDSP	010196		36M	43	30,000.			30,000.	30,000.		0.
40	H LEV DATA BASE WORK	063097		36M	43	19,380.			19,380.	19,380.		0.
41	FELT & CO.-VIDEO- NDSD	080697		36M	43	30,000.			30,000.	30,000.		0.
42	C. M. COSTELLO & ASS.-DATABASE INSTALLA	020198		36M	43	34,310.			34,310.	34,310.		0.
43	AT&T INSTALLATION	081597	195	60M	43	23,500.			23,500.	23,500.		0.
48	VIDEO TAPE-NEDSP	012898		36M	43	9,069.			9,069.	9,069.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

- CURRENT YEAR FEDERAL - SCREENING FOR MENTAL HEALTH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	VIDEO-NDSD	081098		36M	43	11,000.			11,000.	11,000.		0.
50	VIDEO-NDSD	093098		36M	43	14,458.			14,458.	14,458.		0.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					175,939.		0.	175,939.	174,959.	0.	208.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT					331,639.		0.	331,639.	296,249.	0.	6,796

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2006, or fiscal year beginning ____________, 2006, and ending ____________, 20___

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

▶ See instructions.

OMB No. 1545-1878

2006

Return ID (20-digit number) ▶ N/A

Name of exempt organization	Employer identification number
SCREENING FOR MENTAL HEALTH, INC.	04-3221069

Name and title of officer PRESIDENT
PRESIDENT

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

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

1a Form 990 check here ▶ [X]	b Total revenue, if any (Form 990, line 12)	1b	2690648
2a Form 990-EZ check here ▶ [ ]	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BRAVER PC (ERO firm name) to enter my PIN 21069 (do not enter all zeros) as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **** THIS IS NOT A FILEABLE COPY **** Date ▶ ____________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 04494996012 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206,** Information for Authorized IRS *e-file* Providers of Exempt Organization Filings.

ERO's signature ▶ ____________ Date ▶ ____________

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

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.

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SCREENING FOR MENTAL HEALTH, INC.

Number and street (or P.O. box if mail is not delivered to street address): C/O DOUGLAS JACOBS, ONE WASHINGTON ST. Room/suite: 304

City or town, state or country, and ZIP + 4: WELLESLEY HILLS, MA 02481-1706

D Employer identification number 04-3221069

E Telephone number 781-239-3475

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

G Website: ▶WWW.MENTALHEALTHSCREENING.ORG

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

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

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,822,000.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	435,062.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	2,519,197.		
	e	**Total** (add lines 1a through 1d) (cash $ 2,954,259. noncash $)			1e	2,954,259.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	755,544.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	107,632.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	4,565.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	3,822,000.
Expenses	13	Program services (from line 44, column (B))			13	2,019,898.
	14	Management and general (from line 44, column (C))			14	852,730.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	2,872,628.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	949,372.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,889,308.
	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	2,838,680.

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	203,245.	203,245.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	795,509.	571,486.	224,023.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	71,514.	55,473.	16,041.	
30 Professional fundraising fees	30				
31 Accounting fees	31	33,231.		33,231.	
32 Legal fees	32	26,535.	5,109.	21,426.	
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35	12,435.	8,530.	3,905.	
36 Occupancy	36	157,427.		157,427.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	58,210.	56,543.	1,667.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	12,326.		12,326.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 1	43g	1,502,196.	1,119,512.	382,684.	
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,872,628.	2,019,898.	852,730.	0.

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

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

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

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

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

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 6 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 2 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	958,296.
b SEE STATEMENT 3 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	120,474.
c SEE STATEMENT 4 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	404,453.
d SEE STATEMENT 5 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	143,757.
e Other program services (attach schedule) SEE STATEMENT 7 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	392,918.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	2,019,898.

Form **990** (2007)

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets 45 Cash - non-interest-bearing			14,640.	45	274,775.
46 Savings and temporary cash investments			1,909,296.	46	2,662,086.
47 a Accounts receivable	47a	73,756.			
b Less: allowance for doubtful accounts	47b		26,666.	47c	73,756.
48 a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b		33,000.	48c	
49 Grants receivable				49	
50 a Receivables from current and former officers, directors, trustees, and key employees				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
51 a Other notes and loans receivable	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			22,389.	53	22,358.
54 a Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
b Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b			55c	
56 Investments - other				56	
57 a Land, buildings, and equipment: basis	57a	276,387.			
b Less: accumulated depreciation STMT 8	57b	240,224.	28,594.	57c	36,163.
58 Other assets, including program-related investments (describe ▶)				58	
59 **Total assets** (must equal line 74). Add lines 45 through 58			2,034,585.	59	3,069,138.
Liabilities 60 Accounts payable and accrued expenses			118,611.	60	107,722.
61 Grants payable				61	
62 Deferred revenue			26,666.	62	122,736.
63 Loans from officers, directors, trustees, and key employees				63	
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable				64b	
65 Other liabilities (describe ▶)				65	
66 **Total liabilities.** Add lines 60 through 65			145,277.	66	230,458.
Net Assets or Fund Balances **Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			1,859,308.	67	2,789,937.
68 Temporarily restricted			30,000.	68	48,743.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			1,889,308.	73	2,838,680.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			2,034,585.	74	3,069,138.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	3,822,000.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	3,822,000.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	3,822,000.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	2,872,628.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	2,872,628.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	2,872,628.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		193,245.	10,000.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 9			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 11	75c	X	
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 10 and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

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

90 a List the states with which a copy of this return is filed ▶ MA

b Number of employees employed in the pay period that includes March 12, 2007 — 90b — 15

91 a The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 781-239-3475

Located at ▶ C/O DOUGLAS JACOBS, ONE WASHINGTON ST., WELLESLE ZIP + 4 ▶ 02481-1706

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* Form 1041- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	

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

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a REGISTRATION FEES			20		755,544.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	107,632.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					4,565.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		107,632.	760,109.
105 Total (add line 104, columns (B), (D), and (E)) ▶					867,741.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 12

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

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

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

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

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

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

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

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

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

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

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

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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 preparar (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer | Date

DOUGLAS JACOBS, M.D., PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	BRAVER P.C. 25 CHRISTINA STREET NEWTON, MA 02461			EIN ▶ Phone no. ▶ 617-969-3300

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: SCREENING FOR MENTAL HEALTH, INC.

Employer identification number: 04 3221069

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

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

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANNE KELIHER 1 WASHINGTON ST.,#302, WELLESLEY, MA	DIRECTOR OF PROGRAMS 40.00	91,264.	5,200.	
GAIL REGAN 1 WASHINGTON ST.,#302, WELLESLEY, MA	IT MANAGER 40.00	58,839.	2,925.	
SHARON M PIGEON 1 WASHINGTON ST.,#302, WELLESLEY, MA	DIRECTOR OF PLANNING 40.00	79,180.	3,556.	
Total number of other employees paid over $50,000 ▶	0			

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

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
PROFESSIONAL PSYCHIATRIC ASSOCIATION 1 WASHINGTON ST, SUITE 302, WELLESLEY, MA 02481	MANAGEMENT SERVICES	101,919.
NBS CONSULTING 1 WASHINGTON ST, SUITE 180, WELLESLEY, MA 02481	CONSULTING SERVICES	96,728.
Total number of others receiving over $50,000 for professional services ▶ 0		

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

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
STATELINE GRAPHICS 6 VICTORIA STREET, EVERETT, MA 02149	PRINTING AND MAILING	136,700.
JOHN J. DALY CO 6 TIDE STREET, BOSTON, MA 02205	MAILING AND DELIVERY SERVICES	87,970.
MORGAN PRESS 60 BUCKLEY CIRCLE, MANCHESTER, NH 03109	PRINTING AND MAILING	56,488.
Total number of other contractors receiving over $50,000 for other services ▶ 0		

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE STATEMENT 13	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶			0.

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

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

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

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

Schedule A (Form 990 or 990-EZ) 2007

723121
12-27-07

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,077,392.	2,073,951.	2,774,784.	3,005,218.	9,931,345.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	865,646.	594,330.	653,080.	653,308.	2,766,364.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	72,984.	51,704.	29,256.	13,582.	167,526.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3,016,022.	2,719,985.	3,457,120.	3,672,108.	12,865,235.
24 Line 23 minus line 17	2,150,376.	2,125,655.	2,804,040.	3,018,800.	10,098,871.
25 Enter 1% of line 23	30,160.	27,200.	34,571.	36,721.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	201,977.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	1,840,092.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	10,098,871.
d Add: Amounts from column (e) for lines: 18 167,526. 19 ____ 22 ____ 26b 1,840,092. ▶	26d	2,007,618.
e Public support (line 26c minus line 26d total) ▶	26e	8,091,253.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	80.1204%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) .... (2005) .... (2004) .... (2003) ....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2006) .... (2005) .... (2004) .... (2003) ....

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶	27c	N/A
d Add: Line 27a total ____ and line 27b total ____ ▶	27d	N/A
e Public support (line 27c total minus line 27d total) ▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	27h	N/A %

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

NONE

Part V Private School Questionnaire (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

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

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

SCREENING FOR MENTAL HEALTH, INC.

Employer identification number

04-3221069

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule-

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

Special Rules-

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

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

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

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

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

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

723451 12-27-07

Name of organization

SCREENING FOR MENTAL HEALTH, INC.

Employer identification number

04-3221069

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ELI LILLY LILLY CORP. CENTER INDIANAPOLIS, IN 46285	$ 148,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	FOREST LABS 909 THIRD AVENUE NEW YORK, NY 10022	$ 124,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	MICHAEL BUONAURO FOUNDATION 2809 NORTH ORANGE AVE ORLANDO, FL 32804	$ 103,733.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions:			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	LASER PRINTER	02/27/94	200DB	5.00	HY	17	671.				671.	671.		0.	671.
11	FAX MACHINE	12/20/94	200DB	5.00	HY	17	467.				467.	467.		0.	467.
17	OFFICE FURNITURE	09/01/95	200DB	7.00	HY	17	494.				494.	494.		0.	494.
18	PHONES	09/03/95	200DB	5.00	HY	17	350.				350.	350.		0.	350.
20	LAPTOP COMPUTER	09/05/95	200DB	5.00	HY	17	2,487.				2,487.	2,487.		0.	2,487.
21	PHONE SYSTEM	09/21/95	200DB	5.00	HY	17	1,857.				1,857.	1,857.		0.	1,857.
22	LASER PRINTER	10/27/95	200DB	5.00	HY	17	2,341.				2,341.	2,341.		0.	2,341.
37	OFFICE PARTITIONS	09/10/97	200DB	7.00	HY	17	3,452.				3,452.	3,452.		0.	3,452.
38	OFFICE PARTITIONS	10/30/97	200DB	7.00	HY	17	626.				626.	626.		0.	626.
45	OFFICE FURNITURE	02/27/98	200DB	7.00	HY	17	1,678.				1,678.	1,678.		0.	1,678.
51	TELEPHONE	02/08/99	200DB	5.00	HY	17	315.				315.	315.		0.	315.
54	TELEPHONE	09/23/99	200DB	5.00	HY	17	100.				100.	100.		0.	100.
55	FAX MACHINE	09/28/99	200DB	5.00	HY	17	390.				390.	390.		0.	390.
56	LASER JET PRINTER(2)	12/20/99	200DB	5.00	HY	17	2,047.				2,047.	2,047.		0.	2,047.
59	COMPUTER	10/29/01	200DB	5.00	MQ	17	11,797.				11,797.	11,797.		0.	11,797.
60	COMPUTER	11/01/02	200DB	5.00	MQ	17	2,407.				2,407.	2,306.		101.	2,407.
61	COMPUTER	11/01/02	200DB	5.00	MQ	17	1,709.				1,709.	1,638.		71.	1,709.

728111
08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
62	COMPUTER	11/13/02	200DB	5.00	MQ	17	6,847.				6,847.	6,561.		286.	6,847.
63	COMPUTER	11/13/02	200DB	5.00	MQ	17	1,630.				1,630.	1,561.		69.	1,630.
64	LAPTOP COMPUTER	01/03/03	200DB	5.00	HY	17	6,585.				6,585.	5,447.		759.	6,206.
65	COMPUTER	01/14/03	200DB	5.00	HY	17	1,715.				1,715.	1,419.		198.	1,617.
66	COMPUTER	01/14/03	200DB	5.00	HY	17	1,715.				1,715.	1,419.		198.	1,617.
67	COMPUTER - LAPTOP	04/20/06	200DB	5.00	MQ	17	1,572.				1,572.	393.		472.	865.
68	COMPUTER - HARDWARE	08/01/06	200DB	5.00	MQ	17	9,809.				9,809.	1,471.		3,335.	4,806.
69	COMPUTER - HARDWARE	08/09/06	200DB	5.00	MQ	17	5,693.				5,693.	854.		1,936.	2,790.
70	COMPUTER - LAPTOP	11/03/06	200DB	5.00	MQ	17	2,679.				2,679.	134.		1,018.	1,152.
71	COMPUTER EQUIPMENT	11/30/06	200DB	5.00	MQ	17	9,120.				9,120.	456.		3,466.	3,922.
72	COMPUTER - LAPTOP	05/16/07	SL	5.00	MQ	16	1,559.				1,559.			182.	182.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT						82,112.				82,112.	52,731.		12,091.	64,822.
	MANAGEMENT AND GENERAL														
12	ORGANIZATION EXPENSE	02/07/94		60M	HY	43	1,110.				1,110.	1,110.		0.	1,110.
25	REGISTERED TRADE MARK	09/15/95	197	180M	HY	43	2,622.				2,622.	1,983.		175.	2,158.
26	REGISTERED TRADE MARK	02/27/96	197	180M	HY	43	490.				490.	357.		33.	390.
27	PRODUCTION OF VIDEO-NEDSP	01/01/96		36M	HY	43	30,000.				30,000.	30,000.		0.	30,000.
40	H LEV DATA BASE WORK	06/30/97		36M	HY	43	19,380.				19,380.	19,380.		0.	19,380.

728111
08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
41	FELT & CO.-VIDEO- NDSD	08/06/97		36M	HY	43	30,000.				30,000.	30,000.		0.	30,000.
42	C. M. COSTELLO & ASS.-DATABASE INSTALLATION	02/01/98		36M	HY	43	34,310.				34,310.	34,310.		0.	34,310.
43	AT&T INSTALLATION	08/15/97	195	60M	HY	43	23,500.				23,500.	23,500.		0.	23,500.
48	VIDEO TAPE-NEDSP	01/28/98		36M	HY	43	9,069.				9,069.	9,069.		0.	9,069.
49	VIDEO-NDSD	08/10/98		36M	HY	43	11,000.				11,000.	11,000.		0.	11,000.
50	VIDEO-NDSD	09/30/98		36M	HY	43	14,458.				14,458.	14,458.		0.	14,458.
73	LEASEHOLD IMPROVEMENTS - CARPTET REPLACEMENT	11/05/07	SL	39.00	HY	16	4,968.				4,968.			21.	21.
74	LEASEHOLD IMPROVEMENTS - CEILING TILES	11/07/07	SL	39.00	HY	16	1,419.				1,419.			6.	6.
75	LEASEHOLD IMPROVEMENTS - CUTTING AND LAYING CARPET	12/18/07	SL	39.00	HY	16	4,000.				4,000.			0.	
76	LEASEHOLD IMPROVEMENTS - LIGHTING FIXTURES	12/19/07	SL	39.00	HY	16	7,949.				7,949.			0.	
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL						194,275.				194,275.	175,167.		235.	175,402.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT						276,387.				276,387.	227,898.		12,326.	240,224.

728111
08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 OTHER EXPENSES STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT LABOR	308,627.	293,985.	14,642.	
INSURANCE	19,249.		19,249.	
OFFICE EXPENSE	69,909.	7,195.	62,714.	
KIT DESIGN	462,731.	458,215.	4,516.	
SUBSCRIPTIONS	6,436.	322.	6,114.	
VIDEO PRODUCTION	147,297.	146,919.	378.	
ADVERTISING	38,734.	13,134.	25,600.	
CONSULTANTS	265,162.	80,126.	185,036.	
BANK AND ADMINISTRATIVE FESS	32,235.	45.	32,190.	
COMMUNICATION	151,816.	119,571.	32,245.	
TOTAL TO FM 990, LN 43	1,502,196.	1,119,512.	382,684.	

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 2

DESCRIPTION OF PROGRAM SERVICE ONE

MILITARY PROGRAM-THE PROGRAM IS DESIGNED TO HELP INDIVIDUALS IDENTIFY THEIR OWN SYMPTOMS AND ACCESS ASSISTANCE BEFORE A PROBLEM BECOMES SERIOUS. THE SELF-ASSESSMENTS ADDRESS POSTTRAUMATIC STRESS DISORDER (PTSD), DEPRESSION, GENERALIZED ANXIETY DISORDER, ALCOHOL USE, AND BIPOLAR DISORDER. AFTER COMPLETING A SELF-ASSESSMENT, INDIVIDUALS RECEIVE REFERRAL INFORMATION INCLUDING SERVICES PROVIDED BY TRICARE, MILITARY ONESOURCE AND VET CENTERS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		958,296.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE TWO

INTERACTIVE SCREENING PROJECT-SCREENING FOR MENTAL HEALTH OFFERS A NATIONALLY UTILIZED PROGRAM OF MENTAL HEALTH EDUCATION AND ANONYMOUS SCREENING FOR COMMON MENTAL HEALTH CONCERNS INCLUDING DEPRESSION, BIPOLAR DISORDER, GENERALIZED ANXIETY DISORDER, PTSD, EATING DISORDERS AND ALCOHOL PROBLEMS. VIA ONLINE AND TELEPHONE SCREENINGS, THE PROGRAM ENCOURAGE AWARENESS, EARLY DETECTION AND APPROPRIATE INTERVENTION FOR AN ORGANIZATION'S EMPLOYEES AND MEMBERS. THIS PROGRAM SERVICES APPROXIMATELY 33 CLIENTS

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		120,474.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE THREE

YOUTH PROGRAMS-THE PROGRAMSØPRIMARY OBJECTIVES ARE TO EDUCATE YOUTH THAT DEPRESSION IS A TREATABLE ILLNESS AND TO EQUIP THEM TO RESPOND TO A POTENTIAL SUICIDE IN A FRIEND OR FAMILY MEMBER USING THE SOS TECHNIQUE. SOS IS AN ACTION-ORIENTED APPROACH INSTRUCTING STUDENTS HOW TO ACT (ACKNOWLEDGE, CARE AND TELL) IN THE FACE OF A MENTAL HEALTH EMERGENCY. THE SOS PROGRAMS ALSO PROVIDE EDUCATION MATERIALS FOR YOUTH, PARENTS, AND SCHOOL STAFF. THIS PROGRAM SERVICES APPROXIMATELY 675 CLIENTS

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		404,453.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE FOUR

COLLEGERESPONSE© OFFERS PROGRAMS TO PROMOTE PREVENTION, EARLY DETECTION AND TREATMENT OF PREVALENT, UNDER-DIAGNOSED AND TREATABLE MENTAL HEALTH DISORDERS AND ALCOHOL PROBLEMS AFFECTING COLLEGE STUDENTS. THROUGH ONLINE AND IN-PERSON SCREENING TOOLS, COLLEGERESPONSE©PROVIDES CONFIDENTIAL AND EFFECTIVE PROGRAMS FOR: DEPRESSION, BIPOLAR DISORDER, ANXIETY, POST-TRAUMATIC STRESS DISORDER, EATING DISORDERS, AND ALCOHOL PROBLEMS. THIS PROGRAM SERVICES APPROXIMATELY 770 COLLEGE STUDENTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		143,757.

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

EXPLANATION

SCREENING FOR MENTAL HEALTH, INC.(FORMERLY NATIONAL MENTAL ILLNESS SCREENING PROJECT, INC.) IS A NON PROFIT ORGANIZATION DEVELOPED IN AN EFFORT TO COORDINATE NATIONWIDE MENTAL HEALTH SCREENING PROGRAMS AND TO ENSURE COOPERATION, PROFESSIONALISM,AND ACCOUNTABILITY IN MENTAL HEALTH SCREENINGS. THE PURPOSE OF THE SCREENINGS IS TO CALL ATTENTION TO PARTICULAR MENTAL ILLNESSES ON A NATIONAL LEVEL, TO EDUCATE THE PUBLIC ABOUT THEIR SYMPTOMS AND EFFECTIVE TREATMENTS, TO OFFER INDIVIDUALS THE OPPORTUNITY TO BE SCREENED FOR THE ILLNESSES, AND TO CONNECT THOSE IN NEED OF TREATMENT TO THE MENTAL HEALTH CARE SYSTEM. SCREENINGS ARE CONDUCTED BY LOCAL MENTAL HEALTH PROFESSIONALS WITH MATERIALS PROVIDED BY SCREENING FOR MENTAL HEALTH, INC. IN ADDITION THE ORGANIZATION ALSO CONDUCTS AN EATING DISORDER SCREENING, AN ALCOHOL SCREENING PROGRAM AND A TELEPHONE ACCESS PROGRAM FOR EMPLOYERS.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
NATIONAL DEPRESSION SCREENING DAY PROVIDES MENTAL HEALTH SCREENINGS AND EDUCATIONAL MATERIALS TO APPROXIMATELY 930 CLIENTS ABOUT COMMON MENTAL HEALTH PROBLEMS. IT EDUCATES FRIENDS AND FAMILY MEMBERS ABOUT THE SIGNS OF SUICIDE AND EFFECTIVE WAYS TO RESPOND TO A LOVED ONE WHO MAY BE AT RISK FOR SUICIDE. THE PROGRAM PROVIDES MATERIALS FOR CLINICIANS TO HELP ASSESS SUICIDE RISK AND MENTAL HEALTH PROBLEMS.	0.	242,350.
NATIONAL ALCOHOL SCREENING DAY⊘(NASD) IS AN ANNUAL AWARENESS EVENT THAT PROVIDES EDUCATION ABOUT ALCOHOL AND HEALTH AS WELL AS FREE, ANONYMOUS SCREENING FOR ALCOHOL USE PROBLEMS TO APPROXIMATELY 90 CLIENTS. THE PROGRAM IS DESIGNED TO PROVIDE OUTREACH, SCREENING AND EDUCATION ABOUT ALCOHOL'S EFFECTS ON HEALTH FOR THE GENERAL PUBLIC.	0.	74,271.
SUICIDE RESEARCH PROGRAM-SCREENING FOR MENTAL HEALTH PROVIDES SUICIDE PREVENTION PROGRAMS ACROSS THE LIFECYCLE. PREVENTION PROGRAMS CAN BE IMPLEMENTED ON A STATE-WIDE, COMMUNITY-WIDE, OR INDIVIDUAL FACILITY BASIS.	0.	76,297.
TOTAL TO FORM 990, PART III, LINE E		392,918.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LASER PRINTER	671.	671.	0.
FAX MACHINE	467.	467.	0.
ORGANIZATION EXPENSE	1,110.	1,110.	0.
OFFICE FURNITURE	494.	494.	0.
PHONES	350.	350.	0.
LAPTOP COMPUTER	2,487.	2,487.	0.
PHONE SYSTEM	1,857.	1,857.	0.
LASER PRINTER	2,341.	2,341.	0.
REGISTERED TRADE MARK	2,622.	2,158.	464.
REGISTERED TRADE MARK	490.	390.	100.
PRODUCTION OF VIDEO-NEDSP	30,000.	30,000.	0.
OFFICE PARTITIONS	3,452.	3,452.	0.
OFFICE PARTITIONS	626.	626.	0.

H LEV DATA BASE WORK	19,380.	19,380.	0.
FELT & CO.-VIDEO- NDSD	30,000.	30,000.	0.
C. M. COSTELLO & ASS.-DATABASE INSTALLATION	34,310.	34,310.	0.
AT&T INSTALLATION	23,500.	23,500.	0.
OFFICE FURNITURE	1,678.	1,678.	0.
VIDEO TAPE-NEDSP	9,069.	9,069.	0.
VIDEO-NDSD	11,000.	11,000.	0.
VIDEO-NDSD	14,458.	14,458.	0.
TELEPHONE	315.	315.	0.
TELEPHONE	100.	100.	0.
FAX MACHINE	390.	390.	0.
LASER JET PRINTER(2)	2,047.	2,047.	0.
COMPUTER	11,797.	11,797.	0.
COMPUTER	2,407.	2,407.	0.
COMPUTER	1,709.	1,709.	0.
COMPUTER	6,847.	6,847.	0.
COMPUTER	1,630.	1,630.	0.
LAPTOP COMPUTER	6,585.	6,206.	379.
COMPUTER	1,715.	1,617.	98.
COMPUTER	1,715.	1,617.	98.
COMPUTER - LAPTOP	1,572.	865.	707.
COMPUTER - HARDWARE	9,809.	4,806.	5,003.
COMPUTER - HARDWARE	5,693.	2,790.	2,903.
COMPUTER - LAPTOP	2,679.	1,152.	1,527.
COMPUTER EQUIPMENT	9,120.	3,922.	5,198.
COMPUTER - LAPTOP	1,559.	182.	1,377.
LEASEHOLD IMPROVEMENTS - CARPTET REPLACEMENT	4,968.	21.	4,947.
LEASEHOLD IMPROVEMENTS - CEILING TILES	1,419.	6.	1,413.
LEASEHOLD IMPROVEMENTS - CUTTING AND LAYING CARPET	4,000.	0.	4,000.
LEASEHOLD IMPROVEMENTS - LIGHTING FIXTURES	7,949.	0.	7,949.
TOTAL TO FORM 990, PART IV, LN 57	276,387.	240,224.	36,163.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DOUGLAS JACOBS, MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	PRESIDENT AND CEO 20.00	100,000.	0.	0.
JERROLD ROSENBAUM, MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
JAMES HENRY SCULLY, JR., MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
ALAN WEINSTEIN ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
MYRNA WEISSMAN, PHD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
ROSS BALDESSARINI, MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
LEONARD FREEDBERG, MD ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	DIRECTOR 1.00	0.	0.	0.
BARABRA KOPANS ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	EXECUTIVE DIRECTOR 40.00	2,288.	0.	0.
CONNIE DICOCCO ONE WASHINGTON ST. #304 WELLESLEY, MA 02481-1706	MANAGING DIRECTOR 40.00	90,957.	10,000.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		193,245.	10,000.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 10
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PROFESSIONAL PSYCHIATRIC ASSOCIATES AND CONSULTANTS, P.C. #04-2871255		X

FORM 990 PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 11

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DR. DOUGLAS JACOBS	412,500.		

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
PROFESSIONAL PSYCHIATRIC ASSOCIATION	04-2871255

RELATIONSHIP BETWEEN ORGANIZATIONS

COMMON OWNERSHIP AND MANAGEMENT

COMPENSATION DESCRIPTION

WAGES FOR SERVICES PROVIDED

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 12

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93 A	SCREENING FOR MENTAL HEALTH COLLECTS FEES FROM SCREENING SITES THAT PARTICIPATE IN NATIONAL DEPRESSION SCREENING DAY, NATIONAL EATING DISORDERS SCREENING PROGRAM, THE HIGH SCHOOL SOS SUICIDE PREVENTION PROGRAM AND THE WORKPLACE RESPONSE PROGRAM. ALL FEES HELP TO OFFSET THE COSTS SMH INCURS WHEN DEVELOPING AND DELIVERING PROGRAMS TO SCREENING SITES. FEES ARE BASED ON PROGRAM AND SITE SPECIFICATIONS AND REANGE FROM $50 TO $150. THE EXCEPTION IS THE WORKPLACE RESPONSE PROGRAM, WHICH INCLUDES TELEPHONE AND ON-LINE SCREENING AND IS PRICED ACCORDING TO EMPLOYEE POPULATION SIZE.
103A	MISCELLANEOUS INCOME IS USED TO HELP COVER PROGRAM COSTS

SCHEDULE A — EXPLANATION OF TRANSACTIONS PART III, LINE 2D — STATEMENT 13

PAYMENT OF COMPENSATION: PROFESSIONAL PSYCHIATRIC ASSOCIATES IS A COMMON PAYMASTER WITH SCREENING FOR MENTAL HEALTH, INC. AS SUCH, SCREENING FOR MENTAL HEALTH, INC. HAS REIMBURSED PROFESSIONAL PSYCHIATRIC ASSOC. FOR EXPENSES IT INCURRED ON BEHALF OF SCREENING FOR MENTAL HEALTH, INC., INCLUDING $100,000 LISTED AS COMPENSATION FOR DOUGLAS JACOBS IN PART V-A OF FORM 990.ALSO SEE PART V-A, FORM 990 FOR OTHER RELATED PARTY COMPENSATION DISCLOSURES.

Form **4562** Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172 **2007** Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SCREENING FOR MENTAL HEALTH, INC.	FORM 990 PAGE 2	04-3221069

Part I Election To Expense Certain Property Under Section 179 **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	209.

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	11,909.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (see instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	12,118.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

716251 11-03-07 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2007)

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
43 Amortization of costs that began before your 2007 tax year				43	208.
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	208.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** You **must** file original and one copy.

Type or print	Name of Exempt Organization SCREENING FOR MENTAL HEALTH, INC.		**Employer identification number** 04-3221069
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O DOUGLAS JACOBS, ONE WASHINGTON ST., NO. 3		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WELLESLEY HILLS, MA 02481-1706		

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION
  Telephone No. ▶ 781-239-3475 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2008.

5 For calendar year 2007 , or other tax year beginning ______, and ending ______.

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

7 State in detail why you need the extension
ADDITIONAL TIME NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ PRESIDENT Date ▶

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning ______________ , 2007, and ending ______________ ,20 ____

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

▶ **See instructions.**

OMB No. 1545-1878

2007

Return ID (20-digit number) ▶ N/A

Name of exempt organization	Employer identification number
SCREENING FOR MENTAL HEALTH, INC.	04-3221069

Name and title of officer PRESIDENT
PRESIDENT

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

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

1a **Form 990** check here ▶ [X]	**b** **Total revenue,** if any (Form 990, line 12)		**1b**	3822000
2a **Form 990-EZ** check here ▶ [ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)		**2b**	
3a **Form 1120-POL** check here ▶ [ ]	**b** **Total tax** (Form 1120-POL, line 22)		**3b**	
4a **Form 990-PF** check here ▶ [ ]	**b** **Tax Based on Investment Income** (Form 990-PF, Part VI, line 5)		**4b**	
5a **Form 8868** check here ▶ [ ]	**b** **Balance Due** (Form 8868, line 3c)		**5b**	

Part II — Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BRAVER P.C. (**ERO firm name**) to enter my PIN 21069 (**do not enter all zeros**) as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________________ Date ▶ ______________

Part III — Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 04494996012
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers.

ERO's signature ▶ ______________________________ Date ▶ ______________

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

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **8879-EO** (2007)
723051
12-01-07

2007 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SCREENING FOR MENTAL HEALTH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	LASER PRINTER	022794	200DB	5.00	17	671.			671.	671.		0.
11	FAX MACHINE	122094	200DB	5.00	17	467.			467.	467.		0.
17	OFFICE FURNITURE	090195	200DB	7.00	17	494.			494.	494.		0.
18	PHONES	090395	200DB	5.00	17	350.			350.	350.		0.
20	LAPTOP COMPUTER	090595	200DB	5.00	17	2,487.			2,487.	2,487.		0.
21	PHONE SYSTEM	092195	200DB	5.00	17	1,857.			1,857.	1,857.		0.
22	LASER PRINTER	102795	200DB	5.00	17	2,341.			2,341.	2,341.		0.
37	OFFICE PARTITIONS	091097	200DB	7.00	17	3,452.			3,452.	3,452.		0.
38	OFFICE PARTITIONS	103097	200DB	7.00	17	626.			626.	626.		0.
45	OFFICE FURNITURE	022798	200DB	7.00	17	1,678.			1,678.	1,678.		0.
51	TELEPHONE	020899	200DB	5.00	17	315.			315.	315.		0.
54	TELEPHONE	092399	200DB	5.00	17	100.			100.	100.		0.
55	FAX MACHINE	092899	200DB	5.00	17	390.			390.	390.		0.
56	LASER JET PRINTER(2)	122099	200DB	5.00	17	2,047.			2,047.	2,047.		0.
59	COMPUTER	102901	200DB	5.00	17	11,797.			11,797.	11,797.		0.
60	COMPUTER	110102	200DB	5.00	17	2,407.			2,407.	2,306.		101.
61	COMPUTER	110102	200DB	5.00	17	1,709.			1,709.	1,638.		71.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

- CURRENT YEAR FEDERAL - SCREENING FOR MENTAL HEALTH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
62	COMPUTER	111302	200DB	5.00	17	6,847.			6,847.	6,561.		286.
63	COMPUTER	111302	200DB	5.00	17	1,630.			1,630.	1,561.		69.
64	LAPTOP COMPUTER	010303	200DB	5.00	17	6,585.			6,585.	5,447.		759.
65	COMPUTER	011403	200DB	5.00	17	1,715.			1,715.	1,419.		198.
66	COMPUTER	011403	200DB	5.00	17	1,715.			1,715.	1,419.		198.
67	COMPUTER - LAPTOP	042006	200DB	5.00	17	1,572.			1,572.	393.		472.
68	COMPUTER - HARDWARE	080106	200DB	5.00	17	9,809.			9,809.	1,471.		3,335.
69	COMPUTER - HARDWARE	080906	200DB	5.00	17	5,693.			5,693.	854.		1,936.
70	COMPUTER - LAPTOP	110306	200DB	5.00	17	2,679.			2,679.	134.		1,018.
71	COMPUTER EQUIPMENT	113006	200DB	5.00	17	9,120.			9,120.	456.		3,466.
72	COMPUTER - LAPTOP	051607	SL	5.00	16	1,559.			1,559.			182.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					82,112.			82,112.	52,731.		12,091.
	MANAGEMENT AND GENERAL											
12	ORGANIZATION EXPENSE	020794		60M	43	1,110.			1,110.	1,110.		0.
25	REGISTERED TRADE MARK	091595	197	180M	43	2,622.			2,622.	1,983.		175.
26	REGISTERED TRADE MARK	022796	197	180M	43	490.			490.	357.		33.
27	PRODUCTION OF VIDEO-NEDSP	010196		36M	43	30,000.			30,000.	30,000.		0.
40	H LEV DATA BASE WORK	063097		36M	43	19,380.			19,380.	19,380.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SCREENING FOR MENTAL HEALTH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
41	FELT & CO.-VIDEO- NDSD	080697		36M	43	30,000.			30,000.	30,000.		0.
42	C. M. COSTELLO & ASS.-DATABASE INSTALLA	020198		36M	43	34,310.			34,310.	34,310.		0.
43	AT&T INSTALLATION	081597	195	60M	43	23,500.			23,500.	23,500.		0.
48	VIDEO TAPE-NEDSP	012898		36M	43	9,069.			9,069.	9,069.		0.
49	VIDEO-NDSD	081098		36M	43	11,000.			11,000.	11,000.		0.
50	VIDEO-NDSD	093098		36M	43	14,458.			14,458.	14,458.		0.
73	LEASEHOLD IMPROVEMENTS - CARPTET REPLACEMENT	110507	SL	39.00	16	4,968.			4,968.			21.
74	LEASEHOLD IMPROVEMENTS - CEILING TILES	110707	SL	39.00	16	1,419.			1,419.			6.
75	LEASEHOLD IMPROVEMENTS - CUTTING AND LAYING	121807	SL	39.00	16	4,000.			4,000.			0.
76	LEASEHOLD IMPROVEMENTS - LIGHTING FIXTURES	121907	SL	39.00	16	7,949.			7,949.			0.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					194,275.			194,275.	175,167.		235.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT					276,387.			276,387.	227,898.		12,326.

728102
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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.

OMB No. 1545-0047 **2008** Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SCREENING FOR MENTAL HEALTH, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): C/O DOUGLAS JACOBS, ONE WASHINGTON — Room/suite: 304

City or town, state or country, and ZIP + 4: WELLESLEY HILLS, MA 02481-1706

D Employer identification number: 04-3221069

E Telephone number: 781-239-3475

G Gross receipts $ 4,301,979.

F Name and address of principal officer: DOUGLAS JACOBS, M.D. ONE WASHINGTON ST #304, WELLESLEY HILLS, MA

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.MENTALHEALTHSCREENING.ORG

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1994 M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SCREENING FOR MENTAL HEALTH, INC.(FORMERLY NATIONAL MENTAL ILLNESS SCREENING PROJECT, INC.) IS A

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of employees (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,954,259.	3,361,889.
	9	Program service revenue (Part VIII, line 2g)	755,544.	841,908.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,632.	94,986.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,565.	3,196.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,822,000.	4,301,979.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	998,754.	1,058,654.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,873,874.	2,036,873.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,872,628.	3,095,527.
	19	Revenue less expenses. Subtract line 18 from line 12	949,372.	1,206,452.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,069,138.	4,508,560.
	21	Total liabilities (Part X, line 26)	230,458.	463,428.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,838,680.	4,045,132.

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 — Date

▶ DOUGLAS JACOBS, M.D., CEO/PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BRAVER P.C. 25 CHRISTINA STREET NEWTON, MA 02461

EIN ▶

Phone no. ▶ 617-969-3300

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III | Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
SCREENING FOR MENTAL HEALTH, INC.(FORMERLY NATIONAL MENTAL ILLNESS SCREENING PROJECT, INC.) IS A NON PROFIT ORGANIZATION DEVELOPED IN AN EFFORT TO COORDINATE NATIONWIDE MENTAL HEALTH SCREENING PROGRAMS AND TO ENSURE COOPERATION, PROFESSIONALISM,AND ACCOUNTABILITY IN MENTAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,305,064. including grants of $) (Revenue $ 52.)
MILITARY PROGRAM-THE PROGRAM IS DESIGNED TO HELP INDIVIDUALS IDENTIFY THEIR OWN SYMPTOMS AND ACCESS ASSISTANCE BEFORE A PROBLEM BECOMES SERIOUS. THE SELF-ASSESSMENTS ADDRESS POSTTRAUMATIC STRESS DISORDER (PTSD), DEPRESSION, GENERALIZED ANXIETY DISORDER, ALCOHOL USE, AND BIPOLAR DISORDER. AFTER COMPLETING A SELF-ASSESSMENT, INDIVIDUALS RECEIVE REFERRAL INFORMATION INCLUDING SERVICES PROVIDED BY TRICARE, MILITARY ONESOURCE AND VET CENTERS.

4b (Code:) (Expenses $ 224,081. including grants of $) (Revenue $ 133,918.)
NATIONAL DEPRESSION SCREENING DAY IS AN ANNUAL MENTAL HEALTH EDUCATION AND SCREENING EVENT CONDUCTED BY HOSPITALS, MENTAL HEALTH CENTERS, SOCIAL SERVICE AGENCIES, AND OLDER ADULT FACILITIES. EVENT KITS PROVIDE READY-TO-USE MATERIALS FOR CONDUCTING A PUBLIC, EDUCATIONAL SCREENING EVENT FOR DEPRESSION, BIPOLAR DISORDER, GENERALIZED ANXIETY DISORDER, AND POSTTRAUMATIC STRESS DISORDER. ADDITIONALLY, THE EVENT IS COMPLEMENTED BY A YEAR-ROUND ONLINE SCREENING PROGRAM, THROUGH WHICH ORGANIZATIONS CAN OFFER MEMBERS OF THEIR COMMUNITY 24/7 ACCESS TO SCREENING TOOLS, AS WELL AS CUSTOMIZED REFERRAL INFORMATION, ON THEIR WEBSITE

4c (Code:) (Expenses $ 270,903. including grants of $) (Revenue $ 301,812.)
YOUTH PROGRAMS-THE PROGRAM'S PRIMARY OBJECTIVES ARE TO EDUCATE YOUTH THAT DEPRESSION IS A TREATABLE ILLNESS AND TO EQUIP THEM TO RESPOND TO A POTENTIAL SUICIDE IN A FRIEND OR FAMILY MEMBER USING THE SOS TECHNIQUE. SOS IS AN ACTION-ORIENTED APPROACH INSTRUCTING STUDENTS HOW TO ACT (ACKNOWLEDGE, CARE AND TELL) IN THE FACE OF A MENTAL HEALTH EMERGENCY. THE SOS PROGRAMS ALSO PROVIDE EDUCATION MATERIALS FOR YOUTH, PARENTS, AND SCHOOL STAFF. THIS PROGRAM SERVICES APPROXIMATELY 675 SCHOOLS.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 451,462. including grants of $) (Revenue $ 406,126.)

4e **Total program service expenses** ▶ $ 2,251,510. *(Must equal Part IX, Line 25, column (B).)*

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

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

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter: N/A					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter: N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body — 1a: 7			
b	Enter the number of voting members that are independent — 1b: 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶MA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☐ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE ORGANIZATION - 781-239-3475

C/O DOUGLAS JACOBS, ONE WASHINGTON ST., NO. 3, WELLESLEY HILLS, MA 0248

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- 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 the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
JERROLD ROSENBAUM, MD DIRECTOR	1.00	X						0.	0.	0.
JAMES HENRY SCULLY, JR., DIRECTOR	1.00	X						0.	0.	0.
ALAN WEINSTEIN DIRECTOR	1.00	X						0.	0.	0.
MYRNA WEISSMAN, PHD DIRECTOR	1.00	X						0.	0.	0.
JEFFERSON BRUCE PRINCE, DIRECTOR	1.00	X						0.	0.	0.
LEONARD FREEDBERG, MD DIRECTOR	1.00	X						0.	0.	0.
DOUGLAS JACOBS, MD CEO/PRESIDENT	20.00			X				0.	0.	0.
CONNIE DICOCCO EXECUTIVE DIRECTOR	40.00			X		X		140,930.	0.	0.
ANNE KELIHER DIRECTOR OF PROGRAMS	40.00					X		113,262.	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	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total ▶								254,192.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 2

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF NEW HAMPSHIRE, UNH OFFICE OF SPONSORED RESEARCH BUILDING, R 109,	EVALUATION PROJECT UNDER THE MILITARY C	174,996.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 1

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,361,889.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		3361889.			
Program Service Revenue		Business Code				
	2 a REGISTRATION FEES	900099	841,908.	841,908.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		841,908.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		94,986.			94,986.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a MISCELLANEOUS INCOME	900099	3,196.	3,196.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		3,196.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		4301979.	845,104.	0.	94,986.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	254,192.	134,402.	119,790.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	804,462.	707,583.	96,879.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	7,288.		7,288.	
c Accounting	68,943.	442.	68,501.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	156,278.	152,548.	3,730.	
13 Office expenses	104,625.	35,704.	68,921.	
14 Information technology				
15 Royalties				
16 Occupancy	154,670.		154,670.	
17 Travel	60,386.	58,751.	1,635.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,171.		17,171.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a KIT DESIGN	598,498.	598,414.	84.	
b CONTRACT LABOR	250,896.	248,263.	2,633.	
c CONSULTANTS	211,306.	72,040.	139,266.	
d COMMUNICATION	155,522.	116,072.	39,450.	
e SALARY REIMBURSEMENT TO	120,000.	60,000.	60,000.	
f All other expenses	131,290.	67,291.	63,999.	
25 **Total functional expenses.** Add lines 1 through 24f	3,095,527.	2,251,510.	844,017.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	274,775.	1	385,292.
	2	Savings and temporary cash investments	2,662,086.	2	3,499,178.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	73,756.	4	541,205.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,358.	9	24,190.
	10a	Land, buildings, and equipment: cost basis ... 10a 88,474.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 29,779.	36,163.	10c	58,695.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,069,138.	16	4,508,560.
Liabilities	17	Accounts payable and accrued expenses	107,722.	17	150,056.
	18	Grants payable		18	
	19	Deferred revenue	122,736.	19	269,828.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	43,544.
	26	Total liabilities. Add lines 17 through 25	230,458.	26	463,428.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,789,937.	27	4,027,239.
	28	Temporarily restricted net assets	48,743.	28	17,893.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,838,680.	33	4,045,132.
	34	Total liabilities and net assets/fund balances	3,069,138.	34	4,508,560.

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits?		3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: SCREENING FOR MENTAL HEALTH, INC.

Employer identification number: 04-3221069

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: (Please check only one organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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 the Part III.)

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

(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? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

832021 12-17-08

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,774,784.	2,073,951.	2,077,392.	2,950,959.	3,361,889.	13,238,975.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	2,774,784.	2,073,951.	2,077,392.	2,950,959.	3,361,889.	13,238,975.
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)						1,376,486.
6 Public Support. Subtract line 5 from line 4.						11,862,489.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,774,784.	2,073,951.	2,077,392.	2,950,959.	3,361,889.	13,238,975.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,256.	51,704.	72,984.	107,632.	94,986.	356,562.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				7,865.	3,196.	11,061.
11 Total support. Add lines 7 through 10						13,606,598.

12 Gross receipts from related activities, etc. (see instructions) 12 3,710,508.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 87.18 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 80.12 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule A **Identification of Excess Contributions Included on Part II, Line 5** **2008**

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ELI LILLY CORP	1,418,500.	1,146,368.
FOREST LABS	502,250.	230,118.

Total Excess Contributions to Schedule A, Part II, Line 5 .... 1,376,486.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

SCREENING FOR MENTAL HEALTH, INC.

Employer identification number

04-3221069

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: SCREENING FOR MENTAL HEALTH, INC.

Employer identification number: 04-3221069

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ELI LILLY LILLY CORP. CENTER INDIANAPOLIS, IN 46285	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	MICHAEL BUONAURO FOUNDATION 2809 NORTH ORANGE AVE ORLANDO, FL 32804	$ 72,735.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: SCREENING FOR MENTAL HEALTH, INC.
Employer identification number: 04-3221069

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 other 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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of certified historic structure

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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ______

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

9 In Part 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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Term endowment ▶ ______ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements		12,145.	4,905.	7,240.
d Equipment		76,329.	24,874.	51,455.
e Other				0.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				58,695.

Schedule D (Form 990) 2008

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12-23-08

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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
OBLIGATION UNDER CAPITAL LEASE	43,544.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	43,544.

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

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	4,301,979.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,095,527.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,206,452.
4	Net unrealized gains (losses) on investments	4	
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	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,206,452.

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	4,301,979.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,301,979.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	4,301,979.

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

1	Total expenses and losses per audited financial statements			1	3,095,527.
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,095,527.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	3,095,527.

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.

SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	**Transactions with Interested Persons** ▶ Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.	OMB No. 1545-0047 **2008** Open To Public Inspection

Name of the organization	Employer identification number
SCREENING FOR MENTAL HEALTH, INC.	04-3221069

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
DR. DOUGLAS JACOBS	BOARD MEMBER AND CE	144,780.	DR. DOUGLAS		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

832131 12-17-08

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: SCREENING FOR MENTAL HEALTH, INC.

Employer identification number: 04-3221069

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NON PROFIT ORGANIZATION DEVELOPED IN AN EFFORT TO COORDINATE NATIONWIDE MENTAL HEALTH SCREENING PROGRAMS AND TO ENSURE COOPERATION, PROFESSIONALISM, AND ACCOUNTABILITY IN MENTAL HEALTH SCREENINGS. THE PURPOSE OF THE SCREENINGS IS TO CALL ATTENTION TO PARTICULAR MENTAL ILLNESSES ON A NATIONAL LEVEL, TO EDUCATE THE PUBLIC ABOUT THEIR SYMPTOMS AND EFFECTIVE TREATMENTS, TO OFFER INDIVIDUALS THE OPPORTUNITY TO BE SCREENED FOR THE ILLNESSES, AND TO CONNECT THOSE IN NEED OF TREATMENT TO THE MENTAL HEALTH CARE SYSTEM. SCREENINGS ARE CONDUCTED BY LOCAL MENTAL HEALTH PROFESSIONALS WITH MATERIALS PROVIDED BY SCREENING FOR MENTAL HEALTH, INC. IN ADDITION THE ORGANIZATION ALSO CONDUCTS AN EATING DISORDER SCREENING, AN ALCOHOL SCREENING PROGRAM AND A TELEPHONE ACCESS PROGRAM FOR EMPLOYERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH SCREENINGS. THE PURPOSE OF THE SCREENINGS IS TO CALL ATTENTION TO PARTICULAR MENTAL ILLNESSES ON A NATIONAL LEVEL, TO EDUCATE THE PUBLIC ABOUT THEIR SYMPTOMS AND EFFECTIVE TREATMENTS, TO OFFER INDIVIDUALS THE OPPORTUNITY TO BE SCREENED FOR THE ILLNESSES, AND TO CONNECT THOSE IN NEED OF TREATMENT TO THE MENTAL HEALTH CARE SYSTEM. SCREENINGS ARE CONDUCTED BY LOCAL MENTAL HEALTH PROFESSIONALS WITH MATERIALS PROVIDED BY SCREENING FOR MENTAL HEALTH, INC. IN ADDITION THE ORGANIZATION ALSO CONDUCTS AN EATING DISORDER SCREENING, AN ALCOHOL SCREENING PROGRAM AND A TELEPHONE ACCESS PROGRAM FOR EMPLOYERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
SCREENING FOR MENTAL HEALTH, INC.	04-3221069

COLLEGERESPONSE- OFFERS PROGRAMS TO PROMOTE PREVENTION, EARLY DETECTION AND TREATMENT OF PREVALENT, UNDER-DIAGNOSED AND TREATABLE MENTAL HEALTH DISORDERS AND ALCOHOL PROBLEMS AFFECTING COLLEGE STUDENTS. THROUGH ONLINE AND IN-PERSON SCREENING TOOLS, COLLEGERESPONSE PROVIDES CONFIDENTIAL AND EFFECTIVE PROGRAMS FOR: DEPRESSION, BIPOLAR DISORDER, ANXIETY, POST-TRAUMATIC STRESS DISORDER, EATING DISORDERS, AND ALCOHOL PROBLEMS. THIS PROGRAM SERVICES APPROXIMATELY 770 COLLEGES.

EXPENSES $ 205167. INCLUDING GRANTS OF $ 0. REVENUE $ 222440.

NATIONAL ALCOHOL SCREENING DAY (NASD) IS AN ANNUAL AWARENESS EVENT THAT PROVIDES EDUCATION ABOUT ALCOHOL AND HEALTH AS WELL AS FREE, ANONYMOUS SCREENING FOR ALCOHOL USE PROBLEMS TO APPROXIMATELY 90 SITES. THE PROGRAM IS DESIGNED TO PROVIDE OUTREACH, SCREENING AND EDUCATION ABOUT ALCOHOL'S EFFECTS ON HEALTH FOR THE GENERAL PUBLIC.

EXPENSES $ 16449. INCLUDING GRANTS OF $ 0. REVENUE $ 6982.

SUICIDE RESEARCH PROGRAM-SCREENING FOR MENTAL HEALTH PROVIDES SUICIDE PREVENTION PROGRAMS ACROSS THE LIFECYCLE. PREVENTION PROGRAMS CAN BE IMPLEMENTED ON A STATE-WIDE, COMMUNITY-WIDE, OR INDIVIDUAL FACILITY BASIS.

EXPENSES $ 108226. INCLUDING GRANTS OF $ 0. REVENUE $ 5150.

INTERACTIVE SCREENING PROJECT-SCREENING FOR MENTAL HEALTH OFFERS A NATIONALLY UTILIZED PROGRAM OF MENTAL HEALTH EDUCATION AND ANONYMOUS SCREENING FOR COMMON MENTAL HEALTH CONCERNS INCLUDING DEPRESSION.

EXPENSES $ 121620. INCLUDING GRANTS OF $ 0. REVENUE $ 171554.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: SCREENING FOR MENTAL HEALTH, INC.

Employer identification number: 04-3221069

FORM 990, PART VI, SECTION A, LINE 10: THE EXECUTIVE DIRECTOR AND CEO REVIEW THE TAX RETURN DRAFT BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE DIRECTORS, OFFICERS, AND EMPLOYEES RECEIVED A COPY OF THE NEW POLICY IN 2008 WHEN IT WAS IMPLEMENTED. IT ALSO PART OF THE EMPLOYEE HANBOOK AND GIVEN TO ALL NEW EMPLOYEES. IT IS ON THE PUBLIC SHARED DRIVE OF THE NETWORK AND IT IS REVIEWED PRIODICALLY AT STAFF MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: IN AN EFFORT TO BENCHMARK THE COMPENSATION FOR THESE POSITIONS, THE CEO/PRESIDENT AND FORMER ED GATHERED INFORMATION FROM COMPARABLE NON-PROFIT ORGANIZATIONS. WHEN COLLECTING THIS DATA, THEY LOOKED FIRST AT THE INDUSTRY SECTOR, THEN AT THE ORGANIZATIONS BUDGETS, NUMBER OF EMPLOYEES AND LOCATIONS FOR CONSISTENCIES WITH SMH. A COMPENSATION RECOMMENDATION WAS MADE TO, AND APPROVED BY THE BOARD OF DIRECTORS. BASED ON THE DATA GATHERED, SMH'S PROPOSED COMPENSATION WAS AT OR BELOW THOSE BEING OFFERED AT SIMILAR SIZE ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: DR. DOUGLAS JACOBS
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER AND CEO/PRESIDENT OF THE ORGANIZATION
(D) DESCRIPTION OF TRANSACTION: DR. DOUGLAS JACOBS IS THE SOLE OWNER OF

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
SCREENING FOR MENTAL HEALTH, INC.	04-3221069

PROFESSIONAL PSYCHIATRIC ASSOCIATES (PPA). PPA PAYS DR. JACOBS SALARY. DR. JACOBS PERFORMS ADMINISTRATIVE TASKS FOR THE ORGANIZATION AND SUB-LEASES SPACE TO THE ORGANIZATION. THE ORGANIZATION PAYS RENT FOR THE SUB-LEASED SPACE, AND REIMBURSES PPA FOR THE AMOUNT OF DR. JACOBS' TIME DEVOTED TO THE ORGANIZATION, AS WELL AS FOR THE ADMINISTRATIVE COSTS INCURRED ON ITS BEHALF.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

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

Type or print File by the extended due date for filing the return. See instructions.		
	Name of Exempt Organization SCREENING FOR MENTAL HEALTH, INC.	Employer identification number 04-3221069
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O DOUGLAS JACOBS, ONE WASHINGTON ST., NO. 3	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WELLESLEY HILLS, MA 02481-1706	

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION - C/O DOUGLAS JACOBS, ONE WASHINGTON ST., NO. 3 - WELLESLEY HILLS, MA 02481-1706

Telephone No. ▶ 781-239-3475 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2009.

5 For calendar year 2008, or other tax year beginning ________, and ending ________.

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

7 State in detail why you need the extension
ADDITIONAL TIME REQUIRED TO ACCUMULATE INFORMATION

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

Form **8868** (Rev. 4-2009)

823832
05-26-09

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning ____________, 2008, and ending ____________, 20 ___

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

▶ See instructions.

OMB No. 1545-1878

2008

Name of exempt organization	Employer identification number
SCREENING FOR MENTAL HEALTH, INC.	04-3221069

Name and title of officer

DOUGLAS JACOBS, M.D.
CEO/PRESIDENT

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

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

1a Form **990** check here ▶ [X]	**b** Total revenue, if any (Form 990, line 12)	**1b**	4301979
2a Form **990-EZ** check here ▶ [ ]	**b** Total revenue, if any (Form 990-EZ, line 9)	**2b**	
3a Form **1120-POL** check here ▶ [ ]	**b** Total tax (Form 1120-POL, line 22)	**3b**	
4a Form **990-PF** check here ▶ [ ]	**b** Tax based on investment income (Form 990-PF, Part VI, line 5)	**4b**	
5a Form **8868** check here ▶ [ ]	**b** Balance Due (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BRAVER P.C. (ERO firm name) to enter my PIN 21069 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________ Date ▶ ____________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 04494996012 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ______________________ Date ▶ ____________

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

LHA For Paperwork Reduction Act Notice, see instructions.
823051
10-24-08

Form **8879-EO** (2008)