

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Open to Public Inspection

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

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

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
instruc-
tions.

MENTAL HEALTH ASSOCIATION OF MIDDLE
 TENNESSEE
 2416 21ST AVENUE SOUTH #201
 NASHVILLE, TN 37212

D Employer Identification Number

62-0637710

E Telephone number

615-269-5355

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. ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

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

I Group Exemption Number. ▶

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

G Web site: ▶ HTTP://WWW.ICHOPPE.COM

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,716,124.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1	Contributions, gifts, and similar amounts received:			
	a	Direct public support	1a	198,924.	
	b	Indirect public support	1b	143,570.	
	c	Government contributions (grants)	1c	1,110,893.	
	d	Total (add lines 1a through 1c) (cash \$ 1,453,387. noncash \$)	1d	1,453,387.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	75,220.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	6,938.	
	6a	Gross rents	6a		
6b	Less: rental expenses	6b			
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7			
REVENUE	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b	Less: cost or other basis and sales expenses	8b	3,130.	
	c	Gain or (loss) (attach schedule)	8c	-3,130.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-3,130.	
REVENUE	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 159,379. of contributions reported on line 1a)	9a	179,117.	
	b	Less: direct expenses other than fundraising expenses	9b	144,735.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	34,382.	
REVENUE	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		
REVENUE	11	Other revenue (from Part VII, line 103)	11	1,462.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,568,259.	
EXPENSES	13	Program services (from line 44, column (B))	13	1,273,335.	
	14	Management and general (from line 44, column (C))	14	160,407.	
	15	Fundraising (from line 44, column (D))	15	142,920.	
	16	Payments to affiliates (attach schedule)	16		
EXPENSES	17	Total expenses (add lines 16 and 44, column (A))	17	1,576,662.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-8,403.	
ASSETS	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	525,985.	
	20	Other changes in net assets or fund balances (attach explanation)	20	-304.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	517,278.	

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
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	180,377.	148,791.	15,186.	16,400.
26	Other salaries and wages	689,643.	568,878.	58,062.	62,703.
27	Pension plan contributions	16,473.	13,499.	1,541.	1,433.
28	Other employee benefits	118,182.	96,844.	11,056.	10,282.
29	Payroll taxes	69,947.	58,021.	5,427.	6,499.
30	Professional fundraising fees				
31	Accounting fees	10,301.	8,068.	1,694.	539.
32	Legal fees				
33	Supplies	28,097.	24,160.	1,560.	2,377.
34	Telephone	38,185.	33,924.	2,245.	2,016.
35	Postage and shipping	6,922.	3,580.	438.	2,904.
36	Occupancy	77,359.	60,730.	7,234.	9,395.
37	Equipment rental and maintenance	37,083.	30,650.	1,901.	4,532.
38	Printing and publications	27,451.	22,991.	469.	3,991.
39	Travel	57,248.	53,528.	2,261.	1,459.
40	Conferences, conventions, and meetings	35,871.	23,612.	5,794.	6,465.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	47,759.	42,369.	1,663.	3,727.
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 4	135,764.	83,690.	43,876.	8,198.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	1,576,662.	1,273,335.	160,407.	142,920.

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 \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

BAA

Form 990 (2005)

Part III Statement of Program Service Accomplishments

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 5

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) organizations and 4947(a)(1) trusts; but optional for others.)

a ADVOCACY - PROVIDED INFORMATION AND REFERRED TO MENTAL HEALTH & SUBSTANCE ABUSE CONSULTANTS THROUGH PHONE NETWORK; ALSO AIMED FOR MENTAL HEALTH PARITY.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

634,361.

b AGING - PROVIDED INFORMATION AND REFERRAL SERVICES TO CAREGIVERS OF PERSONS WITH DEMENTIA; COMPANIONSHIP & SUPERVISION FOR PERSONS WITH ALZHEIMERS DISEASE OR DEMENTIA.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

91,251.

c EDUCATION - ENHANCED THE PUBLIC'S AWARENESS OF THE MANY PROBLEMS ASSOCIATED WITH MENTAL ILLNESS. THIS FACET OF THE AGENCY'S SERVICE FOCUSES MUCH ATTENTION ON REACHING YOUTH.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

455,489.

d CONSUMER/FAMILY ISSUES - PROVIDED FREE CONSULTATION FOR FAMILY MEMBERS & INDIVIDUALS WITH MENTAL ILLNESS; FREE DEPRESSION SCREENINGS, MATCHING VOLUNTEERS WITH MENTAL HEALTH CONSUMERS.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

92,234.

e Other program services.

(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): ▶

1,273,335.

BAA

Form 990 (2005)

Part IV Balance Sheets (See 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	26,670.	45	11,038.
	46 Savings and temporary cash investments	58,879.	46	162,740.
	47a Accounts receivable	47 a 7,620.		
	b Less: allowance for doubtful accounts	47 b	47 c	7,620.
	48a Pledges receivable	48 a 40,846.		
	b Less: allowance for doubtful accounts	48 b	48 c	40,846.
	49 Grants receivable	236,584.	49	216,290.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51 a	51 c	
	b Less: allowance for doubtful accounts	51 b		
	52 Inventories for sale or use	8,920.	52	8,920.
	53 Prepaid expenses and deferred charges	27,686.	53	34,374.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54	
55a Investments — land, buildings, & equipment: basis	55 a			
b Less: accumulated depreciation (attach schedule)	55 b	55 c		
56 Investments — other (attach schedule)	SEE STMT. 6.	141,724.	56	59,411.
57a Land, buildings, and equipment: basis	57 a 375,394.			
b Less: accumulated depreciation (attach schedule)	STATEMENT 7	110,388.	57 c	91,101.
58 Other assets (describe <input checked="" type="checkbox"/> SEE STATEMENT 8)	9,117.	58	4,804.	
59 Total assets (must equal line 74). Add lines 45 through 58	686,132.	59	637,144.	
LIABILITIES	60 Accounts payable and accrued expenses	86,772.	60	61,727.
	61 Grants payable		61	
	62 Deferred revenue	73,375.	62	58,139.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input checked="" type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	160,147.	66	119,866.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	434,330.	67	451,432.
	68 Temporarily restricted	91,655.	68	65,846.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	525,985.	73	517,278.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	686,132.	74	637,144.

BAA

Form 990 (2005)

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

a Total revenue, gains, and other support per audited financial statements		a	1,793,606.
b Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-304.
2	Donated services and use of facilities	b2	77,786.
3	Recoveries of prior year grants	b3	
4	Other (specify): SEE STM 9	b4	147,865.
Add lines b1 through b4		b	225,347.
c	Subtract line b from line a	c	1,568,259.
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	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,568,259.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	1,802,313.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	77,786.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): SEE STMT 10	b4	147,865.
	Add lines b1 through b4	b	225,651.
c	Subtract line b from line a	c	1,576,662.
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	
e	Total expenses (Part I, line 17). Add lines c and d	e	1,576,662.

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.)

[illegible]

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?	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.)		
82 b	77,786.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
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.			
85 c	Dues, assessments, and similar amounts from members.	N/A	
85 d	Section 162(e) lobbying and political expenditures.	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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	
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities.	N/A	
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	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.		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.		
89 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.		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.
90 a	List the states with which a copy of this return is filed	TN	
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		29
91 a	The books are in care of	SUSAN BROWNING	
	Telephone number	615-269-5355	
	Located at	2416 21ST AVE. S., SUITE 201, NASHVILLE TN	
	ZIP + 4	37212	
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
91 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		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here.	N/A	
	and enter the amount of tax-exempt interest received or accrued during the tax year.	92	N/A

BAA

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a I.C. HOPE REVENUE					28,981.
b MANAGEMENT FEES					45,819.
c PROGRAM FEES					420.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.					
96 Dividends & interest from securities			14	6,938.	
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 pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			19	-3,130.	
101 Net income or (loss) from special events			1	34,382.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b REIMBURSEMENTS					1,462.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				38,190.	76,682.
105 Total (add line 104, columns (B), (D), and (E))					114,872.

Note: Line 105 plus line 1d, 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).
1	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	%			
	%			
	%			
	%			

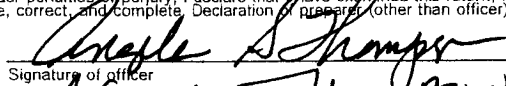
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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).

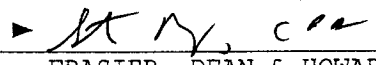
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  Date: 10/30/06

Signature of officer: ANGELA THOMPSON Executive Director

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature:  Date: 10-24-06

Check if self-employed: ☐

Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: FRASIER, DEAN & HOWARD, PLLC
3310 WEST END AVENUE, STE. 550
NASHVILLE, TN 37203

EIN: N/A

Phone no.: (615) 383-6592

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

2005

Name of the organization **MENTAL HEALTH ASSOCIATION OF MIDDLE
TENNESSEE**

Employer identification number
62-0637710

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
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 instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

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

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

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

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

Part III Statements About Activities (See 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. **\$ 1,563.**
(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

SEE FORM 990, PART V

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

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a

X

b Do you have a section 403(b) annuity plan for your employees?

3b

X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c

X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a

X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b

X

Part IV Reason for Non-Private Foundation Status (See instructions.)

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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

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

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,244,687.	1,024,846.	1,034,898.	1,015,354.	4,319,785.
16 Membership fees received					0.
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	148,502.	295,379.	73,781.	187,068.	704,730.
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	4,732.	4,740.	6,270.	7,737.	23,479.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 13	2,957.	13,249.	2,180.	16,272.	34,658.
23 Total of lines 15 through 22	1,400,878.	1,338,214.	1,117,129.	1,226,431.	5,082,652.
24 Line 23 minus line 17	1,252,376.	1,042,835.	1,043,348.	1,039,363.	4,377,922.
25 Enter 1% of line 23	14,009.	13,382.	11,171.	12,264.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.					26a 87,558.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 34,234.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,377,922.
d Add: Amounts from column (e) for lines: 18 23,479. 19					26d 92,371.
22 34,658. 26b 34,234.					26e 4,285,551.
e Public support (line 26c minus line 26d total)					26f 97.89 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: N/A					
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total. and line 27b total					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					

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

N/A

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	1,563.
38	Total lobbying expenditures (add lines 36 and 37)	38	0.
39	Other exempt purpose expenditures	39	1,575,099.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.
41	Lobbying nontaxable amount. Enter the amount from the following table — <div style="display: flex; justify-content: space-between;"> <div> <p>If the amount on line 40 is —</p> <p>Not over \$500,000</p> <p>Over \$500,000 but not over \$1,000,000</p> <p>Over \$1,000,000 but not over \$1,500,000</p> <p>Over \$1,500,000 but not over \$17,000,000</p> <p>Over \$17,000,000</p> </div> <div> <p>The lobbying nontaxable amount is —</p> <p>20% of the amount on line 40</p> <p>\$100,000 plus 15% of the excess over \$500,000</p> <p>\$175,000 plus 10% of the excess over \$1,000,000</p> <p>\$225,000 plus 5% of the excess over \$1,500,000</p> <p>\$1,000,000</p> </div> </div>	41	228,833.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	228,833.	215,696.	199,201.		643,730.
46 Lobbying ceiling amount (150% of line 45(e))					965,595.
47 Total lobbying expenditures	1,563.	1,563.	293.		3,419.
48 Grassroots non-taxable amount	57,208.	53,924.	49,800.		160,932.
49 Grassroots ceiling amount (150% of line 48(e))					241,398.
50 Grassroots lobbying expenditures			293.		293.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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.)

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 instructions)

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

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

OMB No. 1545-0047

2005

Name of organization **MENTAL HEALTH ASSOCIATION OF MIDDLE
TENNESSEE**

Employer identification number
62-0637710

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

General Rule —

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

Special Rules —

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) 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).

**BAA 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) (2005)

Employer identification number

62-0637710

Part I

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 42,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)

Employer identification number

62-0637710

Part II

[illegible]

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

MENTAL HEALTH ASSOCIATION OF MIDDLE

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FEDERAL STATEMENTS
MENTAL HEALTH ASSOCIATION OF MIDDLE
TENNESSEE

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	COMPUTER EQUIPMENT		
DATE ACQUIRED:	6/30/2005		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	9/28/2005		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	3,339.		
DEPRECIATION:	209.		
		GAIN (LOSS)	-3,130.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -3,130.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -3,130.

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
MASSEY FUNDRAISING DINNER	206,285.	75,285.	131,000.	77,777.	53,223.
JAMMIN' TO THE BEAT OF THE BLUES					
	132,211.	84,094.	48,117.	66,958.	-18,841.
TOTAL	\$ 338,496.	\$ 159,379.	\$ 179,117.	\$ 144,735.	\$ 34,382.

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS	\$ -304.
TOTAL	\$ <u>-304.</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
ADVERTISING	8,008.	6,784.	423.	801.
AWARDS & GIFTS	1,744.	225.	323.	1,196.
CONSULTING & CONTRACTS	61,205.	29,154.	31,091.	960.
COPIER	886.	598.	141.	147.
DUES & MEMBERSHIP	6,496.	2,496.	3,357.	643.

FEDERAL STATEMENTS
MENTAL HEALTH ASSOCIATION OF MIDDLE
TENNESSEE

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
INSURANCE	9,642.	7,913.	780.	949.
MISCELLANEOUS	2,650.	660.	1,690.	300.
NMHA DUES	17,688.	14,676.	1,359.	1,653.
PROFESSIONAL FEES	27,045.	21,184.	4,447.	1,414.
SUBSCRIPTIONS	400.		265.	135.
TOTAL	\$ 135,764.	\$ 83,690.	\$ 43,876.	\$ 8,198.

STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EDUCATION AND SUPPORT SERVICES REGARDING MENTAL HEALTH ISSUES.

STATEMENT 6
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
CERTIFICATES OF DEPOSIT	MARKET VALUE	\$ 59,411.
	TOTAL	\$ 59,411.

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 32,916.	\$ 32,916.	\$ 0.
MACHINERY AND EQUIPMENT	311,939.	227,441.	84,498.
MISCELLANEOUS	30,539.	23,936.	6,603.
TOTAL	\$ 375,394.	\$ 284,293.	\$ 91,101.

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

OTHER ASSETS, NET	\$ 4,804.
TOTAL	\$ 4,804.

FEDERAL STATEMENTS
MENTAL HEALTH ASSOCIATION OF MIDDLE
TENNESSEE

STATEMENT 9
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

LOSS ON DISPOSAL OF ASSETS.....	\$	3,130.
SPECIAL EVENT EXPENSES.....		144,735.
TOTAL	\$	<u>147,865.</u>

STATEMENT 10
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

LOSS ON DISPOSAL OF ASSETS.....	\$	3,130.
SPECIAL EVENT EXPENSES.....		144,735.
TOTAL	\$	<u>147,865.</u>

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ANGELA S. THOMPSON HERMITAGE, TN	EXECUTIVE DIREC 38	\$ 76,012.	\$ 10,613.	\$ 0.
ASHLEY BROOKS NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
RANDY LASZEWSKI NASHVILLE, TN	ADV. BOARD PRES 1	0.	0.	0.
ED CARTER NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
BETTY BATES NAPLES, FL	DIRECTOR 1	0.	0.	0.
SANDE CHURCHILL, PH.D. NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
KELLY HERRON NASHVILLE, TN	DIRECTOR 1	0.	0.	0.

FEDERAL STATEMENTS
MENTAL HEALTH ASSOCIATION OF MIDDLE
TENNESSEE

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ELLEN BRADBURY NASHVILLE, TN	DIRECTOR 1	\$ 0.	\$ 0.	0.
PAULA SANDIDGE, M.D. NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
BETH BAXTER, M.D. NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
BRENT BAXTER NASHVILLE, TN	TREASURER 1	0.	0.	0.
NATALIE BUCKWALTER NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
DEBRA FISH NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
REGI CROFF FRANKLIN, TN	DIRECTOR 1	0.	0.	0.
L. DYANN CORRIGAN, J.D. CPA BRENTWOOD, TN	DIRECTOR 1	0.	0.	0.
ANITA PETERSON, M.S.N. NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
GORDON DOSS, PH.D. COLLEGE GROVE, TN	DIRECTOR 1	0.	0.	0.
KATHY EMERSON NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
JUDGE MARK FISHBURN NASHVILLE, TN	DIRECTOR 1	0.	0.	0.

STATEMENT 11 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MIMI VERNER NASHVILLE, TN	SECRETARY 1	\$ 0.	\$ 0.	\$ 0.
DIANE HAYES NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
ELIZABETH HOOVER, M.D. NASHVILLE, TN	PRESIDENT-ELECT 1	0.	0.	0.
JOE LEVI NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
PETER R. MARTIN, M.D. NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
FRED MASSA OLD HICKORY, TN	DIRECTOR 1	0.	0.	0.
RUDRA PRAKASH, M.D. BRENTWOOD, TN	DIRECTOR 1	0.	0.	0.
BAMA WOOD NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
KATY SHEESLEY NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
LISA PRIMM OLD HICKORY, TN	TPAL DIRECTOR 38	51,515.	5,660.	0.
STEPHEN G. YOUNG NASHVILLE, TN	PRESIDENT 1	0.	0.	0.
WARREN THOMPSON, PH.D. NASHVILLE, TN	DIRECTOR 1	0.	0.	0.

FEDERAL STATEMENTS
MENTAL HEALTH ASSOCIATION OF MIDDLE
TENNESSEE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GLORIA STERNBERG, M.A. NASHVILLE, TN	DIRECTOR 1	\$ 0.	\$ 0.	0.
STUART SCOTT RIDGWAY NASHVILLE, TN	TSPN DIRECTOR 38	52,850.	5,710.	0.
PAM VASILEVSKIS NASHVILLE, TN	DIRECTOR 1	0.	0.	0.
TOTAL		<u>\$ 180,377.</u>	<u>\$ 21,983.</u>	<u>\$ 0.</u>

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

LINE #	EXPLANATION OF ACTIVITIES
93A	FEES RECEIVED FROM OTHER ORGANIZATIONS FOR THE USE OF THE I.C. HOPE COSTUME, PUPPET, TRADEMARKS AND OTHER BRANDED PRODUCT FOR THE PURPOSE OF EDUCATING THE GENERAL PUBLIC ON MENTAL HEALTH ILLNESS AWARENESS.
93B	MANAGMENT FEES ENSURE THAT THE MONIES PROVIDED BY FUNDERS ARE ADMINISTERED PROPERLY AND SPENT ON EDUCATING THE PUBLIC WITH REGARD TO MENTAL HEALTH ISSUES.
93C	FEES COLLECTED AS A RESULT OF SUPPORT/EDUCATION SESSIONS FOCUSING ON MENTAL HEALTH ISSUES FOR THE AGED.
103C	REIMBURSEMENTS BY STAFF FOR SNACKS; THE PROVIDING OF INEXPENSIVE, NUTRITIOUS REFRESHMENTS ENHANCES THE WORKPLACE AND INCREASES PRODUCTIVITY AND EFFICIENCY.

STATEMENT 13
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
MISCELLANEOUS	\$ 1,512.	\$ 2,123.	\$ 1,846.	\$ 717.	\$ 6,198.
PROGRAM FEES	0.	0.	0.	2,380.	2,380.
REIMBURSEMENTS	1,445.	3,921.	334.	1,143.	6,843.
MANAGEMENT FEES	0.	0.	0.	12,032.	12,032.
ANNUAL MEETING	0.	7,205.	0.	0.	7,205.
TOTAL	<u>\$ 2,957.</u>	<u>\$ 13,249.</u>	<u>\$ 2,180.</u>	<u>\$ 16,272.</u>	<u>\$ 34,658.</u>

FORM 990, PART II, LINE 42
DEPRECIATION EXPENSE

THE ASSOCIATION CAPITALIZES ASSETS OVER \$500 AND RECORDS THEM AT COST OR FAIR MARKET VALUE AT DATE OF GIFT. DEPRECIATION OF EQUIPMENT AND FURNITURE IS PROVIDED OVER THE ESTIMATED USEFUL LIVES (RANGING FROM THREE TO FIVE YEARS) ON A STRAIGHT-LINE BASIS.