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

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
NATIONAL MENTAL HEALTH ASSOCIATION, INC.
D/B/A MENTAL HEALTH AMERICA

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2000 N. BEAUREGARD ST., 6TH FLOOR

City or town, state or country, and ZIP + 4
ALEXANDRIA, VA 22311

D Employer identification number 13-1614906

E Telephone number (703)684-7722

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.NMHA.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 ▶ 13,292,357.

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	6,842,074.	
	c	Indirect public support (not included on line 1a)	1c	55,445.	
	d	Government contributions (grants) (not included on line 1a)	1d	346,000.	
	e	**Total** (add lines 1a through 1d) (cash $ 7,123,587. noncash $ 119,932.)			1e 7,243,519.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3 554,443.
	4	Interest on savings and temporary cash investments			4 83,070.
	5	Dividends and interest from securities			5 98,354.
	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: 5,142,061.	8a	(B) Other:	
	b	Less: cost or other basis and sales expenses: 5,140,781.	8b		
	c	Gain or (loss) (attach schedule): 1,280.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1			8d 1,280.
	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	151,681.	
	b	Less: cost of goods sold STATEMENT 3	10b	93,458.	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 2			10c 58,223.
	11	Other revenue (from Part VII, line 103)			11 19,229.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 8,058,118.
Expenses	13	Program services (from line 44, column (B))			13 6,609,549.
	14	Management and general (from line 44, column (C))			14 818,393.
	15	Fundraising (from line 44, column (D))			15 428,960.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 7,856,902.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 201,216.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 5,398,634.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4			20 71,078.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 5,670,928.

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			STATEMENT 7	
22b Other grants and allocations (attach schedule) (cash $ 407,355. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	407,355.	407,355.		
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 5	25a	346,347.	290,931.	34,635.	20,781.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B STMT 6	25b	151,552.	127,305.	15,156.	9,091.
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	3,272,800.	2,817,369.	263,675.	191,756.
27 Pension plan contributions not included on lines 25a, b, and c	27	48,356.	40,619.	4,836.	2,901.
28 Employee benefits not included on lines 25a - 27	28	290,598.	244,101.	29,060.	17,437.
29 Payroll taxes	29	279,490.	234,772.	27,949.	16,769.
30 Professional fundraising fees	30				
31 Accounting fees	31	76,936.	53,142.	20,413.	3,381.
32 Legal fees	32	17,472.	12,068.	4,636.	768.
33 Supplies	33	74,300.	53,180.	15,082.	6,038.
34 Telephone	34	123,931.	113,469.	10,462.	0.
35 Postage and shipping	35	101,078.	88,591.	0.	12,487.
36 Occupancy	36	478,066.	325,085.	105,174.	47,807.
37 Equipment rental and maintenance	37	121,545.	82,779.	26,652.	12,114.
38 Printing and publications	38	235,980.	235,980.	0.	0.
39 Travel	39	102,095.	80,325.	8,476.	13,294.
40 Conferences, conventions, and meetings	40	646,012.	624,230.	0.	21,782.
41 Interest	41	6,082.	5,109.	608.	365.
42 Depreciation, depletion, etc. (attach schedule)	42	112,198.	76,294.	24,684.	11,220.
43 Other expenses not covered above (itemize):					
a OTHER PROFESSIONAL	43a				
b FEES	43b	841,633.	580,437.	224,310.	36,886.
c DUES AND SUBSCRIPTIONS	43c	111,324.	108,416.	0.	2,908.
d LOSS ON DISPOSAL OF	43d				
e EQUIPMENT UNDER	43e				
f CAPITAL LEASE	43f	11,752.	7,992.	2,585.	1,175.
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	7,856,902.	6,609,549.	818,393.	428,960.

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

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 11

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 8 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,998,033.
b	CONSTITUENCY SERVICES - MHA WILL FACILITATE AND SUPPORT MENTAL HEALTH ASSOCIATION AFFILIATE EFFORTS TO PROVIDE HIGH QUALITY, CULTURALLY COMPETENT MENTAL HEALTH SERVICES AND SUPPORT TO CHILDREN, ADULTS AND SENIORS ACCORDING TO LOCAL NEEDS AND AFFILIATE SUPPORT. (Grants and allocations $ 407,355.) If this amount includes foreign grants, check here ▶ ☐	2,505,523.
c	SEE STATEMENT 9 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,000,836.
d	SEE STATEMENT 10 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,105,157.
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) ▶	6,609,549.

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			263,395.	45	<379,410.>
	46 Savings and temporary cash investments			1,180,415.	46	1,626,919.
	47 a Accounts receivable	47a	301,679.			
	b Less: allowance for doubtful accounts	47b	1,000.	235,494.	47c	300,679.
	48 a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable			1,453,479.	49	1,417,057.
	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			195,019.	52	96,392.
	53 Prepaid expenses and deferred charges			76,141.	53	51,808.
	54 a Investments - publicly-traded securities STMT 13 ▶ ☐ Cost ☒ FMV			2,223,445.	54a	2,859,723.
	b Investments - other securities STMT 15 ▶ ☐ Cost ☒ FMV			334,100.	54b	0.
	55 a Investments - land, buildings, and equipment: basis STMT 12	55a				
	b Less: accumulated depreciation	55b			55c	
	56 Investments - other				56	
	57 a Land, buildings, and equipment: basis	57a	1,394,883.			
	b Less: accumulated depreciation	57b	703,862.	281,180.	57c	691,021.
	58 Other assets, including program-related investments (describe ▶)				58	
	59 **Total assets** (must equal line 74). Add lines 45 through 58			6,242,668.	59	6,664,189.
Liabilities	60 Accounts payable and accrued expenses			536,695.	60	264,522.
	61 Grants payable				61	
	62 Deferred revenue			32,331.	62	109,206.
	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 ▶ SEE STATEMENT 14)			275,008.	65	619,533.
	66 **Total liabilities.** Add lines 60 through 65			844,034.	66	993,261.
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			3,475,725.	67	3,539,872.
	68 Temporarily restricted			1,633,938.	68	1,842,085.
	69 Permanently restricted			288,971.	69	288,971.
	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)			5,398,634.	73	5,670,928.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			6,242,668.	74	6,664,189.

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	8,182,370.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	71,078.		
2	Donated services and use of facilities	b2	53,174.		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	124,252.
c	Subtract line **b** from line **a**			c	8,058,118.
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	8,058,118.

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

a	Total expenses and losses per audited financial statements			a	7,910,076.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1	53,174.		
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	53,174.
c	Subtract line **b** from line **a**			c	7,856,902.
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	7,856,902.

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
JULIE NICHOLSON 2000 N. BEAUREGARD STREET, 6TH FLOOR ALEXANDRIA, VA 22311	SENIOR DIRECTOR OF FINANCE 35.00	89,450.	6,688.	0.
DAVID SHERN 2000 N. BEAUREGARD STREET, 6TH FLOOR ALEXANDRIA, VA 22311	PRESIDENT/CEO 35.00	91,667.	1,463.	0.
OSCAR MORGAN 2000 N. BEAUREGARD STREET, 6TH FLOOR ALEXANDRIA, VA 22311	COO 35.00	149,050.	8,029.	0.
SEE ATTACHED LIST OF NON-COMPENSATED BOARD OF DIRECTORS.	0.00	0.	0.	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 ▶ 32			
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."	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
CATHERINE STEWART 2000 N. BEAUREGARD STREET, 6TH FLOOR ALEXANDRIA, VA 22311	0.	44,346.	2,058.	0.
MICHAEL FAENZA 2000 N. BEAUREGARD STREET, 6TH FLOOR ALEXANDRIA, VA 22311	0.	103,258.	1,890.	0.

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 ▶ N/A 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 53,174.			
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	*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 ▶ SEE STATEMENT 16			
b	Number of employees employed in the pay period that includes March 12, 2006 90b 55			
91 a	The books are in care of ▶ THE ASSOCIATION Telephone no. ▶ (703)684-7722 Located at ▶ 2000 N. BEAUREGARD ST., 6TH FLR, ALEXANDRIA, VA ZIP + 4 ▶ 22311			
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 ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.	91b		X

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 (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					554,443.
95 Interest on savings and temporary cash investments			14	83,070.	
96 Dividends and interest from securities			14	98,354.	
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			18	1,280.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					58,223.
103 Other revenue:					
a SUBLEASE INCOME			16	19,229.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		201,933.	612,666.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					814,599.

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 17

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

Signature of officer — Date

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: RAFFA, P.C.
1899 L STREET, NW, SUITE 600
WASHINGTON, DC 20036

EIN ▶

Phone no. ▶ (202) 822-5000

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: NATIONAL MENTAL HEALTH ASSOCIATION, INC. D/B/A MENTAL HEALTH AMERICA

Employer identification number: 13 1614906

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
RALPH IBSON 2000 N. BEAUREGARD ST, ALEX, VA 22311	VP GOVT. AFF. 35.00	148,512.	18,667.	0.
JAMES RADACK 2000 N. BEAUREGARD ST, ALEX, VA 22311	VICE PRESIDENT, PUB 35.00	117,600.	15,000.	0.
RAYMOND CROWEL 2000 N. BEAUREGARD ST, ALEX, VA 22311	VP CHILDREN SVC 35.00	133,031.	12,000.	0.
BRYAN FLEMING 2000 N. BEAUREGARD ST, ALEX, VA 22311	SR. DIR.-TIS 35.00	104,860.	15,000.	0.
HARRY ABEL 2000 N. BEAUREGARD ST, ALEX, VA 22311	VP, MARKETING & DEV 35.00	117,855.	20,000.	0.
Total number of other employees paid over $50,000 ▶	22			

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
INTERNATIONAL COMMUNICATIONS RESEARCH 53 WEST BALTIMORE PIKE, MEDIA, PA 19063-5968	ATTITUDINAL SURVEY SERVICES	198,878.
AVALERE HEALTH 1350 CONNECTICUT AVE., WASHINGTON, DC 20036	HEALTH ADVISORY SERVICES	71,250.
CYNTHIA WAINSCOTT 2000 N BEAUREGARD STREET, ALEXANDRIA, VA 22311	CONSULTING	57,163.
KIMBELL SHERMAN ELLIS 26 STATE STREET, SUITE 8, MONTPELIER, VT 05602	STATE LEG/REG MONITORING SVC	56,500.
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
NONE		
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 ▶ $ _____ $ 23,889. (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.) VI-A, LINE 38B	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 19	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.) SEE STATEMENT 18	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?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
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 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 ☒ 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.)	7,326,987.	5,804,651.	8,651,791.	10,482,363.	32,265,792.
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	884,017.	718,325.	790,248.	773,914.	3,166,504.
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	245,878.	305,540.	143,992.	40,161.	735,571.
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	8,456,882.	6,828,516.	9,586,031.	11,296,438.	36,167,867.
24 Line 23 minus line 17	7,572,865.	6,110,191.	8,795,783.	10,522,524.	33,001,363.
25 Enter 1% of line 23	84,569.	68,285.	95,860.	112,964.	

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ 26a 660,027.

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 10,385,657.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 33,001,363.

d Add: Amounts from column (e) for lines: 18 735,571. 19 _____ 22 _____ 26b 10,385,657. ▶ 26d 11,121,228.

e Public support (line 26c minus line 26d total) ▶ 26e 21,880,135.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 66.3007%

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

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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 10 of the 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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		23,889.
38 Total lobbying expenditures (add lines 36 and 37)	38		23,889.
39 Other exempt purpose expenditures	39		7,833,013.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		7,856,902.
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		542,845.
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		135,711.
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 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	542,845.	510,414.	508,078.	665,423.	2,226,760.
46 Lobbying ceiling amount (150% of line 45(e))					3,340,140.
47 Total lobbying expenditures	23,889.	37,444.	12,238.	50,272.	123,843.
48 Grassroots nontaxable amount	135,711.	127,604.	127,020.	166,356.	556,691.
49 Grassroots ceiling amount (150% of line 48(e))					835,037.
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.

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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

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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**
NATIONAL MENTAL HEALTH ASSOCIATION, INC. D/B/A MENTAL HEALTH AMERICA	13-1614906

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

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Name of organization
NATIONAL MENTAL HEALTH ASSOCIATION, INC.
D/B/A MENTAL HEALTH AMERICA

Employer identification number
13-1614906

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 420,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 145,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 165,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 190,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 255,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

COPY

Name of organization
NATIONAL MENTAL HEALTH ASSOCIATION, INC.
D/B/A MENTAL HEALTH AMERICA

Employer identification number
13-1614906

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		$ 600,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8		$ 685,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9		$ 817,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10		$ 1,085,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11		$ 1,300,000.	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.)

COPY

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENTS	5,142,061.	5,140,781.	0.	1,280.
TO FORM 990, PART I, LINE 8	5,142,061.	5,140,781.	0.	1,280.

COPY

FORM 990 INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 STATEMENT 2

INCOME		
1. GROSS RECEIPTS	151,681	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		151,681
4. COST OF GOODS SOLD (LINE 13)	93,458	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		58,223
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR	195,019	
7. MERCHANDISE PURCHASED	75,553	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	<80,722>	
11. ADD LINES 6 THROUGH 10		189,850
12. INVENTORY AT END OF YEAR	96,392	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		93,458

COPY

FORM 990 COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

DESCRIPTION	AMOUNT
DISCARDED PUBLICATIONS	<80,722.>
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	<80,722.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	71,078.
TOTAL TO FORM 990, PART I, LINE 20	71,078.

COPY

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JULIE NICHOLSON	89,450.	6,688.		96,138.
A. PROGRAM SERVICES	75,138.	5,618.		80,756.
B. MANAGEMENT AND GENERAL	8,945.	669.		9,614.
C. FUNDRAISING	5,367.	401.		5,768.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DAVID SHERN	91,667.	1,463.		93,130.
A. PROGRAM SERVICES	77,000.	1,229.		78,229.
B. MANAGEMENT AND GENERAL	9,167.	146.		9,313.
C. FUNDRAISING	5,500.	88.		5,588.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
OSCAR MORGAN	149,050.	8,029.		157,079.
A. PROGRAM SERVICES	125,202.	6,744.		131,946.
B. MANAGEMENT AND GENERAL	14,905.	803.		15,708.
C. FUNDRAISING	8,943.	482.		9,425.

TOTAL PROGRAM SERVICES	290,931.
TOTAL MANAGEMENT AND GENERAL	34,635.
TOTAL FUNDRAISING	20,781.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A	346,347.

COPY

FORM 990 FORMER OFFICER COMPENSATION ALLOCATION STATEMENT 6
PART II, LINE 25B

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CATHERINE STEWART	44,346.	2,058.		46,404.
A. PROGRAM SERVICES	37,251.	1,729.		38,980.
B. MANAGEMENT AND GENERAL	4,435.	206.		4,641.
C. FUNDRAISING	2,660.	123.		2,783.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MICHAEL FAENZA	103,258.	1,890.		105,148.
A. PROGRAM SERVICES	86,737.	1,588.		88,325.
B. MANAGEMENT AND GENERAL	10,326.	189.		10,515.
C. FUNDRAISING	6,195.	113.		6,308.

TOTAL PROGRAM SERVICES	127,305.
TOTAL MANAGEMENT AND GENERAL	15,156.
TOTAL FUNDRAISING	9,091.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25B	151,552.

COPY

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED STATEMENT	407,355.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	407,355.

COPY

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE ONE

EDUCATION - MHA EDUCATES THE PUBLIC ABOUT THE IMPORTANCE OF MENTAL HEALTH, THE SYMPTOMS AND TREATMENTS OF DISORDERS, AND THE PATHS TO RECOVERY FOR FULL, PRODUCTIVE LIVES. THROUGH OUR MEDIA OUTREACH, RESOURCE CENTER, PARTNERSHIPS, AND PUBLIC OUTREACH PROGRAMS- INCLUDING OUR FLAGSHIP CAMPAIGN FOR AMERICA'S MENTAL HEALTH-WE HAVE HELPED REDUCE STIGMA AND ENABLED MILLIONS OF PEOPLE OF ALL AGES AND BACKGROUNDS TO CONFRONT THEIR MENTAL HEALTH PROBLEMS, GET SCREENED AND GET HELP.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,998,033.

COPY

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE THREE

ADVOCACY - MHA ADVOCATES FOR LAWS AND POLICIES THAT PROMOTE HEALTH, ENSURE ACCESS TO EFFECTIVE CARE, AND PROTECT THE RIGHTS OF PEOPLE WHO HAVE MENTAL HEALTH ISSUES, AND THEIR FAMILIES. IN ALLIANCE WITH OUR NATIONWIDE AFFILIATE NETWORK, MHA FIGHTS SUCCESSFULLY AT THE FEDERAL STATE AND LOCAL LEVELS TO OVERCOME THE SOCIAL INEQUITIES THAT PREVENT PEOPLE FROM REACHING THEIR FULL POTENTIAL. THROUGH GRASSROOTS ACTIVITIES, COALITIONS AND OUTREACH, OUR WORK HAS TRIGGERED REFORMS THAT IMPROVE THE LIVES OF ALL AMERICANS AND THE COMMUNITIES IN WHICH THEY LIVE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		1,000,836.

COPY

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE FOUR

RESEARCH - MHA VIGOROUSLY SUPPORTS RESEARCH AND THE DELIVERY OF SERVICES AS PART OF OUR FAR-REACHING MISSION TO GIVE INDIVIDUALS AND COMMUNITIES ACCESS TO THE LATEST INFORMATION AND INNOVATIVE APPROACHED TO MENTAL HEALTH CARE. IN A UNITED EFFORT WITH OUR AFFILIATE NETWORK, WE ARE DEVOTED TO EVALUATING OUR NATION'S SERVICES AND IDENTIFYING THE BEST PRACTICES.

THROUGH TRAINING, TECHNICAL ASSISTANCE, AND PROGRAMS, MHA HELPS TO RING EFFECTIVE, CONSUMER- AND FAMILY-FOCUSED SERVICES TO OUR COUNTRY'S ADULTS AND CHILDREN.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		1,105,157.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 11

EXPLANATION

NMHA AND ITS AFFILIATES WILL ENHANCE THE RESOURCES AND INFRASTRUCTURE NECESSARY TO SUPPORT AND ADVANCE THE MHA MISSION.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BOND MUTUAL FUNDS	FMV		1,021,975.		1,021,975.
EQUITY MUTUAL FUNDS	FMV	1,701,788.			1,701,788.
EQUITIES	FMV	1,149.			1,149.
TO FORM 990, LINE 54A, COL B		1,702,937.	1,021,975.		2,724,912.

COPY

FORM 990 GOVERNMENT SECURITIES STATEMENT 13

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
FEDERAL HOME LOAN BONDS	FMV	134,811.		134,811.
TOTAL TO FORM 990, LINE 54A, COL B		134,811.		134,811.

FORM 990 OTHER LIABILITIES STATEMENT 14

DESCRIPTION	AMOUNT
CHARITABLE GIFT ANNUITIES	45,077.
CAPITAL LEASE LIABILITIES	290,948.
DEFERRED LEASE INCENTIVES	283,508.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	619,533.

FORM 990 OTHER SECURITIES STATEMENT 15

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
ALTERNATIVE INVESTMENTS THROUGH MERRILL LYNCH	FMV	0.
TO FORM 990, LINE 54B, COL B		0.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90 STATEMENT 16

STATES

AL,AK,AZ,CA,CO,CT,DC,FL,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC
ND,OH,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,AR,GA,OK

COPY

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 17

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
94	MEMBERSHIP DUES RECEIVED TO SUPPORT ADVOCACY AND PROGRAM DEVELOPMENT.
102	SALES REVENUE SUPPORTS THE PROMOTION OF A WIDE RANGE OF MENTAL HEALTH ISSUES, PATIENT SERVICES AND ONGOING RESEARCH TO EDUCATE THE GENERAL PUBLIC.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3A STATEMENT 18

MENTAL HEALTH ASSOCIATIONS (MHA) THAT ARE ALSO 501(C)(3) ORGANIZATIONS SUBMIT WORKPLANS BASED UPON PROGRAM REQUIREMENTS THAT ARE SET AT THE NATIONAL LEVEL. THE WORKPLANS EXPLAIN HOW THE MHA PLANS TO CARRY OUT THE NATIONAL PROGRAM OBJECTIVES.

COPY

SCHEDULE A EXPLANATION OF TRANSACTIONS STATEMENT 19
PART III, LINE 2D

IN ADDITION TO THE AMOUNTS LISTED ON PART V-A 990, BOARD MEMBERS ARE REIMBURSED FOR ACTUAL TRAVEL EXPENSES TO ATTEND NMHA'S FOUR BOARD MEETINGS. ALL BOARD MEMBERS WHO REQUEST TRAVEL REIMBURSMENTS MUST PROVIDE NMHA WITH RECEIPTS FOR THE EXPENSES.

COPY

National Mental Health Association
Form 990, Part II, Line 22 - Grants and Allocations
Year Ended December 31, 2006 **13-1614906**

Name	Address	Amount	Purpose
MHA OF COLORADO	1385 S. Colorado Blvd., Suite 610 Denver, CO 80222	43,605.04	President's Council
MHA IN McCLEAN COUNTY, INC.	P.O. Box 795 Bloomington, IL 61702	400.00	Branding Initiative
MHA IN ILLINOIS	70 East Lake Street, Suite 900 Chicago, IL 60601	750.00	Branding Initiative
NMHA OF GEORGIA	100 Edgewood Avenue NE, Suite 502 Atlanta, GA 30303	500.00	Branding Initiative
MHA IN MILWAUKEE COUNTY	734 North 4th Street, #200 Milwaukee, WI 53203	1,000.00	Branding Initiative
MHA IN BROWN COUNTY, INC	P.O. Box 1016 Greenbay, WI 54305	400.00	Branding Initiative
MHA IN LANCASTER COUNTY	630 Janet Avenue Lancaster, PA 17601	500.00	Branding Initiative
MHA IN FREDERICKSBURG	2217 Princess Anne Street, Suite 219-: Fredericksburg, VA 22401	400.00	Branding Initiative
MHA OF THE NEW RIVER VALLEY	303 Church Street Blacksburg, VA 24060	750.00	Branding Initiative
MHA OF ROANOKE VALLEY	P.O. Box 592 Roanoke, VA 24004	400.00	Branding Initiative
MHA OF HALIFAX COUNTY	554 N. Main South Boston, VA 24592	400.00	Branding Initiative
MHA IN CHARLOTTESVILLE/ALBEMARLE	513 Stewart Street, #J Charlottesville, VA 22902	400.00	Branding Initiative
MHA OF AUGUSTA	101 W. Frederick Street The Professional Building, Room 206 Stauton, VA 24401	400.00	Branding Initiative
MHA OF YORK AND ADAMS COUNTIES	36 S. Queen Street York, PA 17403	750.00	Branding Initiative
MHA IN NORTHWEST PA	1101 Peach Street Erie, PA 16501	750.00	Branding Initiative
MHA OF SOUTHWEST ALABAMA	P.O. Box 41133 Mobile, AL 36640	400.00	Branding Initiative
MHA OF GREATER TAMPA BAY, INC.	12901 Bruce B. Downs Blvd, MDC 1(Tampa, FL 33612	400.00	Branding Initiative
MHA IN MONONGOLIA COUNTY	364 High Street, #224 Morgantown, WV 26505	400.00	Branding Initiative
MHA OF UNION COUNTY	131 North Main Street, Suite K Marysville, OH 43040	400.00	Branding Initiative
MHA OF SUMMIT COUNTY, INC.	405 Tallmadge Road Cuyahoga Falls, OH 44221	750.00	Branding Initiative
MHA OF LICKING COUNTY	65 Messimer Drive Newark, OH 43055	750.00	Branding Initiative
MHA OF KNOX COUNTY	11 West Gambier Street Mount Vernon, OH 43050	400.00	Branding Initiative
MHA OF FRANKLIN COUNTY	538 East Town Street, Suite D Columbus, OH 43215	750.00	Branding Initiative
MHA OF MISSISSIPPI	4803 Harrison Circle Gulfport, MS 39507	400.00	Branding Initiative
MHA OF KENTUCKY	120 Sears Avenue, Suite 213 Lousiville, KY 40207	400.00	Branding Initiative
MHA OF NORTHERN KENTUCKY	513 Madison Avenue, 3rd Floor Covington, KY 41011	500.00	Branding Initiative
MHA IN MONTGOMERY	1116 S. Hull Street	400.00	Branding Initiative

COPY

National Mental Health Association
Form 990, Part II, Line 22 - Grants and Allocations
Year Ended December 31, 2006 **13-1614906**

Name	Address	Amount	Purpose
	Montgomery, AL 36104		
MHA IN SAN DIEGO COUNTY	2047 El Cajon Blvd. San Diego, CA 92104	500.00	Branding Initiative
MHA OF BAY COUNTY	1137 Harrison Avenue, Suite 1 Panama City, FL 32401	400.00	Branding Initiative
MHA OF DUBUQUE	3175 Pennsylvania Avenue, #203 Dubuque, IA 52001	400.00	Branding Initiative
MHA IN RENO COUNTY	P.O. Box 2021 Hutchinson, KS 67504	400.00	Branding Initiative
MHA OF ARIZONA	6411 E. Thomas Road Scottsdale, AZ 85251	500.00	Branding Initiative
MHA OF THE HEARTLAND	739 Minnesota Avenue Kansas City, KS 66101	1,000.00	Branding Initiative
MHA OF DARLINGTON COUNTY	P.O. Box 131 Darlington, SC 29551	400.00	Branding Initiative
MHA OF SUMTER COUNTY	P.O. Box 1541 Sumter, SC 29151	400.00	Branding Initiative
MHA OF THE PIEDMONT	P.O. Box 5588 Spartanburg, SC 29304	400.00	Branding Initiative
MHA IN ORANGEBURG COUNTY	P.O. Box 1351 Orangeburg, SC 29116	400.00	Branding Initiative
MHA OF CALHOUN COUNTY	303 Anges Street St. Matthews, SC 29135	400.00	Branding Initiative
MHA OF ANDERSON COUNTY	217 John Street Anderson, SC 29622	500.00	Branding Initiative
MHA OF GREENVILLE COUNTY	301 University Ridge, Suite 5600 Greenville, SC 29601	500.00	Branding Initiative
MHA IN KERSHAW	110 E. Dekalb Street Camden, SC 29021	400.00	Branding Initiative
MHA IN GREENWOOD COUNTY	117 Gensis Circle Greenwood, SC 29648 .	400.00	Branding Initiative
MHA IN ABBEVILLE COUNTY	101 Commercial Street Abbeville, SC 29620	400.00	Branding Initiative
MHA IN LAURENS COUNTY	205 Symarstan Drive Laurens, SC 29630	400.00	Branding Initiative
MHA IN MCCORMICK COUNTY	101 Charles Avenue McCormick, SC 29835	400.00	Branding Initiative
MHA IN HORRY COUNTY	164 Waccamaw Medical Park Drive Conway, SC 29526	400.00	Branding Initiative
MHA IN BAMBERG COUNTY	P.O. Box 323 Denmark, SC 29042	400.00	Branding Initiative
MHA IN SOUTH CAROLINA	1823 Gadsden Street Columbia, SC 29201	1,000.00	Branding Initiative
MHA IN JEFFERSON COUNTY, INC.	3195 Dowlen Road, Suite 101 Beaumont, TX 77706	400.00	Branding Initiative
MHA IN NORTH CAROLINA	124 8th Street North Fargo, ND 58102	500.00	Branding Initiative
MHA IN HAWAII	1124 Fort Street Mall, Suite 205 Honolulu, HI 96813	400.00	Branding Initiative
MHA IN DUTCHESS COUNTY, INC.	510 Haight Avenue Poughkeepsie, NY 12603	1,000.00	Branding Initiative
MHA IN LOUISIANA	263 Third Street, Suite 103 Baton Rouge, LA 70801	500.00	Branding Initiative
MHA IN WAUKESHA COUNTY	522 W22660 E. Broadway, Suite 5S Waukesha, WI 53186	750.00	Branding Initiative

COPY

National Mental Health Association
Form 990, Part II, Line 22 - Grants and Allocations
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Name	Address	Amount	Purpose
MHA IN SHEBOYGAN COUNTY, INC.	2020 Erie Avenue Sheboygan, WI 53081	400.00	Branding Initiative
MHA IN TEXAS	1210 San Antonio Street, Suite 200 Austin, TX 78701	1,000.00	Branding Initiative
DUBOIS COUNTY MHA	P.O. Box 769 Jasper, IN 47546	400.00	Branding Initiative
MHA OF VIRGINIA	503 E. Main Street, Suite 707 Richmond, VA 23219	400.00	Branding Initiative
MHA OF GREATER DALLAS	624 N. Good Latimer, Suite 200 Dallas, TX 75204	1,000.00	Branding Initiative
DEKALB COUNTY ASSOCIATION FOR MENTAL HEALTH	902 Deer Ridge Crossing Auburn, IN 46706	400.00	Branding Initiative
MHA OF MONROE COUNTY, INC.	120 W. 7th Street, Suite 104 Bloomington, IN 47404	400.00	Branding Initiative
MHA IN MARION COUNTY	2506 Willowbrook Parkway, Suite 10(Indianapolis, IN 46205	1,000.00	Branding Initiative
RANDOLPH COUNTY MHA	401 N. Plum Street Union City, IN 47390	400.00	Branding Initiative
MHA OF SPENCER COUNTY	13435 N. SR 245 Lamar, IN 47550	400.00	Branding Initiative
MHA IN VANDERBURGH COUNTY	713 N. 2nd Avenue, Box 5 Evansville, IN 47710	400.00	Branding Initiative
MHA IN TIPPECANOE	914 South Street Lafayette, IN 47902	500.00	Branding Initiative
MHA IN VIGO COUNTY	620 8th Street Terre Haute, IN 47804	500.00	Branding Initiative
MHA IN PUTNAM COUNTY	10 1/2 N. Jackson Street Greencastle, IN 46135	400.00	Branding Initiative
MHA IN MORGAN COUNTY	19 East Main Street Mooresville, IN 46158	400.00	Branding Initiative
MHA IN PORTER COUNTY	402 E. Indiana Avenue Valparaiso, IN 46383	400.00	Branding Initiative
MHA IN HOWARD COUNTY	507 N. Webster Street Kokomo, IN 46904	400.00	Branding Initiative
JACKSON COUNTY MHA	P.O. Box 51 Seymour, IN 47274	400.00	Branding Initiative
MHA IN KNOX COUNTY	P.O. Box 859 Vincennes, IN 47591	400.00	Branding Initiative
MHA IN HENRY COUNTY	615 W. SR 38 P.O. Box 449 Newcastle, IN 47362	400.00	Branding Initiative
BOONE COUNTY MHA	1122 N. Lebanon Street Lebanon, IN 46052	500.00	Branding Initiative
MHA OF FRANKLIN COUNTY	524 Main Street Brookville, IN 47021	400.00	Branding Initiative
FLOYD COUNTY CHAPTER OF THE MHA IN INDIANA	P.O. Box 63 New Albany, IN 47150	400.00	Branding Initiative
MHA IN HAMILTON COUNTY	942 N. 10th Street Noblesville, IN 46060	400.00	Branding Initiative
MHA FOR CLINTON COUNTY	51 W. Clinton Street, Suite 101 Frankfort, IN 46041	400.00	Branding Initiative
MHA IN BLACKFORD COUNTY	814 N. Richmond Street Hartford City, IN 47348	400.00	Branding Initiative
MHA IN ALLEN COUNTY	227 E. Washington Blvd. Fort Wayne, IN 46802	500.00	Branding Initiative

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National Mental Health Association
Form 990, Part II, Line 22 - Grants and Allocations
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Name	Address	Amount	Purpose
MHA IN INDIANA	1431 N. Delaware Street Indianapolis, IN 46202	1,000.00	Branding Initiative
MHA IN DELAWARE COUNTY, INC.	413 S. Liberty Street Munice, IN 47305	400.00	Branding Initiative
MHA IN FULTON COUNTY	401 East 8th Street, Suite C Rochester, IN 46975	400.00	Branding Initiative
MHA IN LAKE COUNTY	9722 Parkway Drive Highland, IN 46322	1,000.00	Branding Initiative
MHA IN RUSH COUNTY	101 East 2nd Street Rushville, IN 46173	400.00	Branding Initiative
MHA IN AIKEN COUNTY	P.O. Box 1074 Aiken, SC 29802	500.00	Branding Initiative
MHA OF OCONEE COUNTY	P.O. Box 129 Walhalla, SC 29691	400.00	Branding Initiative
MHA OF CENTRAL VIRGINIA	1010 Miller Park Square Lynchburg, VA 24501	400.00	Branding Initiative
MHA IN ELKHART COUNTY	1010 N. Main Street Front Building Elkhart, IN 46514	400.00	Branding Initiative
NMHA OF GEORGIA	100 Edgewood Avenue NE, Suite 502 Atlanta, GA 30303	25,000.00	President's Council
MHA IN HANCOCK COUNTY	98 E. North Street Greenfield, IN 46140	400.00	Branding Initiative
Total for Financial Development		**114,205.04**	
MHA OF MIDDLE TENNESSEE	2416 21st Avenue South, Suite 201 Nashville, TN 37212	1,000.00	Executive Support
Total for Affiliate Relations		**1,000.00**	
THE ALBUQUERQUE DROP IN CENTER	1027 San Mateo, SE Albuquerque, NM 87108	10,000.00	NCSTAC
BREVARD DROP-IN CENTER	P.O. Box 544 Melbourne, FL 32902	5,000.00	NCSTAC
MEANINGFUL MINDS OF LOUISIANA	263 Third Street, Suite 103 Baton Rouge, LA 70801	5,000.00	NCSTAC
NEW PARTNERSHIPS FOR WOMEN	128 E. Olin Avenue, Suite 202 Madison, WI 53713	5,000.00	NCSTAC
PHOENIX PLACE	37 East Main Street Amelia, OH 45102	5,000.00	NCSTAC
THE RECOVERY GROUP	1310 K Street, SE #301 Washington, DC 20003	5,000.00	NCSTAC
VOCAL, VA	P.O. Box 1248 Charlottesville, VA 22902	10,000.00	NCSTAC
WEST VIRGINIA MENTAL HEALTH CONSUMERS ASSOCIATION	P.O. Box 11000 Charleston, WV 25339	10,000.00	NCSTAC
Total for NCSTAC		**55,000.00**	
MHA IN NEBRASKA	1645 N Street, Suite A Lincoln, NE 68508	2,000.00	IDIQ Meeting
Total for IDIQ		**2,000.00**	
MHA OF COLORADO	1385 S. Colorado Blvd.,Suite 610 Denver, CO 80222	3,000.00	Healthcare Reform

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National Mental Health Association
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Name	Address	Amount	Purpose
MHA IN DELAWARE	Community Services Building 100 West 10th Street, Suite 600 Wilmington, DE 19801	2,500.00	Healthcare Reform
MHA IN ILLINOIS	70 East Lake Street, Suite 900 Chicago, IL 60601	2,000.00	Healthcare Reform
MHA IN LOUISIANA	263 Third Street, Suite 103 Baton Rouge, LA 70801	2,000.00	Healthcare Reform
MHA IN NEBRASKA	1645 N. Street, Suite A Lincoln, NE 68508	2,000.00	Healthcare Reform
MHA IN NEW MEXICO	1801 7th Street, Suite C Las Vegas, NM 87701	2,000.00	Healthcare Reform
MHA IN NORTH DAKOTA	124 8th Street North Fargo, ND 58102	3,000.00	Healthcare Reform
MHA OF NORTHERN KENTUCKY	513 Madison Avenue, 3rd Floor Covington, KY 41011	2,000.00	Healthcare Reform
MHA OF TENNESSEE	2416 21st. Avenue South, Suite 201 Nashville, TN 37212	5,000.00	Healthcare Reform
MHA IN TEXAS	1210 San Antonio Street, Suite 200 Austin, TX 78701	4,000.00	Healthcare Reform
MHA OF VIRGINIA	503 E. Main Street, Suite 707 Richmond, VA 23219	5,000.00	Healthcare Reform
Total Healthcare Reform		**32,500.00**	
COLE MENTAL HEALTH RESOURCE CENTER	115 Mill Street, De Marneffe Building Belmont, MA 02478	3,500.00	Campaign for America's Mental Health
MHA OF ARIZONA	6411 E. Thomas Road Scottsdale, AZ 85251	5,500.00	Campaign for America's Mental Health
MHA OF ALLEGHENY COUNTY	1945 Fifth Avenue, 3rd Floor Pittsburgh, PA 15219	2,000.00	Campaign for America's Mental Health
MHA OF BROWARD COUNTY	7145 W. Oakland Park Blvd. Fort Lauderdale, FL 33313	5,500.00	Campaign for America's Mental Health
MHA IN CALIFORNIA	1127 11th Street, Suite 925 Sacramento,CA 95814	5,500.00	Campaign for America's Mental Health
MHA OF THE CENTRAL CAROLINAS	3701 Latrobe Drive, Suite 140 Charlotte, NC 28211	1,000.00	Delta Bourke Tour
MHA OF CENTRAL FLORIDA	7120 Lake Ellenor Drive Orlando, FL 32809	1,500.00	Campaign for America's Mental Health
MHA OF CENTRAL SUSQUEHANNA VALLEY	37 West Main, Suite 204 Bloomsburg, PA 17815	2,000.00	Campaign for America's Mental Health
MHA OF CENTRAL VIRGINIA	1010 Miller Park Square Lynchburg, VA 24501	3,500.00	Campaign for America's Mental Health
MHA OF COLORADO	6795 E. Tennessee Avenue, Suite 425 Denver, CO 80224	3,500.00	Campaign for America's Mental Health
MHA OF CONNECTICUT	20-30 Beaver Road Wethersfield, CT 06109	3,500.00	Campaign for America's Mental Health
MHA IN DC	1628 16th Street, NW Washington, DC 20009	3,500.00	Campaign for America's Mental Health
MHA IN DELAWARE	Community Services Building 100 West 10th Street, Suite 600 Wilmington, DE 19801	3,500.00	Campaign for America's Mental Health
MHA OF EAST TENNESSEE	P.O. Box 32731 Knoxville, TN 37930	3,500.00	Campaign for America's Mental Health
MHA OF ESSEX COUNTY	33 South Fullerton Avenue Montclair, NJ 07042	3,500.00	Campaign for America's Mental Health

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National Mental Health Association
Form 990, Part II, Line 22 - Grants and Allocations
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Name	Address	Amount	Purpose
MHA OF FRANKLIN COUNTY	538 East Town Street, Suite D Columbus, OH 43215	3,500.00	Campaign for America's Mental Health
MHA IN FREDERICKSBURG	2217 Princess Anne Street, Suite 219-1 Fredericksburg, VA 22401	3,500.00	Campaign for America's Mental Health
MHA OF GREATER DALLAS	624 N. Good Latimer, Suite 200 Dallas, TX 75204	2,000.00 500.00	Campaign for America's Mental Health Worth More Than Weight
MHA OF GREATER ST. LOUIS	1905 South Grand Boulevard St. Louis, MO 63104	3,500.00 100.00	Campaign for America's Mental Health Worth More than Weight
MHA IN GREATER SAN ANTONIO	8535 Tom Slick San Antonio, TX 78229	1,500.00	Campaign for America's Mental Health
MHA OF GREATER TAMPA BAY, INC.	14007 Lake Magdalene Boulevard Tampa, FL 33618	3,500.00	Campaign for America's Mental Health
MHA IN HAWAII	1124 Fort Street Mall, Room 205 Honolulu, HI 96813	3,500.00	Campaign for America's Mental Health
MHA OF THE HEARTLAND	739 Minesota Avenue Kansas City, KS 66101	3,500.00 500.00	Campaign for America's Mental Health Dialogue for Recovery
MHA IN ILLINOIS	70 East Lake Street, Suite 900 Chicago, IL 60601	3,500.00 2,000.00	Campaign for America's Mental Health Special Projects
MHA IN INDIANA	1431 N. Delaware Street Indianapolis, IN 46202	3,500.00	Campaign for America's Mental Health
MHA OF KENTUCKY	120 Sears Avenue, Suite 213 Louisville, KY 40207	3,500.00	Campaign for America's Mental Health
MHA IN LANCASTER COUNTY	630 Janet Avenue Lancaster, PA 17601	1,500.00	Campaign for America's Mental Health
MHA OF LICKING COUNTY	65 Messimer Drive Newark, OH 43055	3,500.00	Campaign for America's Mental Health
MHA IN LOUISIANA	263 Third Street, Suite 103 Baton Rouge, LA 70801	3,500.00	Campaign for America's Mental Health
MHA IN MARION COUNTY	2506 Willowbrook Parkway, Suite 100 Indianapolis, IN 46205	3,500.00	Campaign for America's Mental Health
MHA OF MARYLAND	711 W. 40th Street, Suite 460 Baltimore, MD 21211	3,500.00	Campaign for America's Mental Health
MHA OF MIDDLE TENNESSEE	2416 21st Avenue South, Suite 201 Nashville, TN 37212	3,500.00	Campaign for America's Mental Health
MHA IN MILWAUKEE COUNTY	734 North 4th Street, Suite 200 Milwaukee, WI 53203	3,500.00	Campaign for America's Mental Health
MHA IN MONTGOMERY	1116 S. Hull Street Montgomery, AL 36104	3,500.00	Campaign for America's Mental Health
MHA OF MONTGOMERY COUNTY	1000 Twinbrook Parkway Rockville, MD 20851	3,500.00	Campaign for America's Mental Health
MHA IN NEW JERSEY	88 Pompton Avenue Verona, NJ 07044	3,500.00 500.00	Campaign for America's Mental Health Dialogue for Recovery
MHA IN NEW YORK CITY, INC	666 Broadway, Suite 200 New York, NY 10012	1,500.00	Campaign for America's Mental Health
MHA IN NORTHEAST FLORIDA	4615 Philips Highway Jacksonville, FL 32207	3,500.00 500.00	Campaign for America's Mental Health Dialogue for Recovery
MHA OF NORTHERN KENTUCKY	513 Madison Avenue, 3rd Floor Covington, KY 41011	3,500.00	Campaign for America's Mental Health
MHA IN NORTH CAROLINA	3820 Bland Road Raleigh, NC 27609	3,500.00	Campaign for America's Mental Health
MHA IN NORTH DAKOTA	124 8th Street North Fargo, ND 58102	3,500.00	Campaign for America's Mental Health
MHA IN RENO COUNTY	P.O. BOX 2021	3,500.00	Campaign for America's Mental Health

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National Mental Health Association
Form 990, Part II, Line 22 - Grants and Allocations
Year Ended December 31, 2006 **13-1614906**

Name	Address	Amount	Purpose
	Hutchinson, KS 67504		
MHA OF RHODE ISLAND	500 Prospect Street Pawtucket, RI 02860	3,500.00	Campaign for America's Mental Health
MHA OF ROANOKE VALLEY	P.O. Box 592 Roanoke, VA 24004	3,500.00	Campaign for America's Mental Health
MHA IN ROCHESTER/MONROE CO.	339 East Avenue, Suite 201 Rochester, NY 14604	3,500.00 500.00	Campaign for America's Mental Health Dialogue for Recovery
MHA OF ROCKLAND COUNTY	706 Executive Boulevard, Suite F. Valley Cottage, NY 10989	3,500.00	Campaign for America's Mental Health
MHA IN SACRAMENTO	7001 A. East Parkway, Suite 400 Sacramento, CA 95823	3,500.00	Campaign for America's Mental Health
MHA IN SAN DIEGO COUNTY	2047 El Cajon Boulevard San Diego, CA 92104	3,500.00	Campaign for America's Mental Health
MHA OF SAN FRANCISCO	870 Market Street, Suite 928 San Francisco, CA 94103	3,500.00 500.00	Campaign for America's Mental Health Dialogue for Recovery
MHA IN SOUTHEASTERN PENNSYLVANIA	1211 Chestunt Street, 11th Floor Philadelphia, PA 19107	1,500.00 500.00	Campaign for America's Mental Health Dialogue for Recovery
MHA IN SOUTH CAROLINA	1823 Gadsden Street Columbia, SC 29201	3,500.00	Campaign for America's Mental Health
MHA OF SOUTH CENTRAL KANSAS	555 North Woodlawn, Suite 3105 Wichita, KS 67208	3,500.00	Campaign for America's Mental Health
MHA OF SOUTHWEST OHIO	2400 Reading Road, Suite 412 Cincinnati, OH 45202	3,500.00	Campaign for America's Mental Health
MHA IN TULSA	1870 South Boulder Tulsa, OK 74119	3,500.00	Campaign for America's Mental Health
MHA IN UTAH	1800 South West Temple, Suite 500 Salt Lake City, UT 84115	3,500.00	Campaign for America's Mental Health
MHA IN WESTMORELAND COUNTY	409 Coutler Avenue, Suite 4 Greensburg, PA 15601	3,500.00	Campaign for America's Mental Health
MHA OF YORK AND ADAMS COUNTIES	303 East Market Street York, PA 17403	3,500.00	Campaign for America's Mental Health
MISSOURI BLACK EXPO	4411 N. Newstead Avenue, Suite 104 St. Louis, MO 63115	550.00	Worth More than Weight
NMHA OF GEORGIA	100 Edgewood Avenue NE, Suite 502 Atlanta, GA 30303	3,500.00	Campaign for America's Mental Health
NMHA OF GREATER LOS ANGELES	100 West Broadway, Suite 5010 90,802	500.00	Dialogue for Recovery
PROJECT RETURN: THE NEXT STEP	1138 Wilshire Blvd., Suite 100 Los Angeles, CA 90017	500.00	Dialogue for Recovery
VERMONT ASSOCIATION FOR MENTAL HEALTH	P.O. Box 165 Montpelier, VT 05601	3,500.00	Campaign for America's Mental Health
Total for Public Education		**202,650.00**	
Total Grants to Affiliates		**$ 407,355.04**	

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National Mental Health Association, Inc.
Form 990, Part II, Line 42 - Depreciation
Form 990, Part IV, Line 57 - Land, Buildings, and Equipment
Year Ended December 31, 2006 **13-1614906**

ASSETS

	Beginning of Year	Additions	Disposals	End of Year
Office Furniture & Equipments	$ 899,567	$ 86,112	$ (280,955)	$ 704,724
Equipments under Capital Lease	349,530	143,920	(107,050)	386,400
Leasehold Improvements	16,673	303,759	(16,673)	303,759
Total	$ 1,265,770	$ 533,791	$ (404,678)	$ 1,394,883

ACCUMULATED DEPRECIATION

	Beginning of Year	Current Year Depreciation	Disposals	End of Year
Accumulated Depreciation	$ 984,591	$ 112,198	$ (392,927)	$ 703,862
Total	$ 984,591	$ 112,198	$ (392,927)	$ 703,862

Fixed Assets, Net	$ 691,021

Note: Fixed assets are recorded at cost. Furniture and equipment are depreciated using the straight-line method over the estimated useful lives of 3-7 years, with no salvage value. Equipment purchased under capitallease agreements is amortized on the straight-line basis over the life of the lease. Leashold improvements are amortized over the shorter of the remaining term of the lease over the useful life of the improvements.

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National Mental Health Association
Form 990, Part V - List of Officers, Directors, Trustees and Key Employees (Non-compensated)
Year Ended December 31, 2006 **13-1614906**

Name	Title
Sergio Aguilar-Gaxiola	Chair Elect/Acting Chairman eff. 11/7
John A. Morris	Treasurer/Secretary
Jack Akester	Director
Barbara Bazron	Director
William Beardsle	Director
Ann Boughtin	Director
Vivian Brown	Director
Bill Compton	Director
Crystal Cook	Director
Joseph De Raismes	Director
David Fassler	Director
Larry Fricks	Director
Rosa Maria Gil	Director
Gregg Graham	Director
Tim Hamilton	Director
Robert Hendrickson	Director
Mark Heyrman	Director
Joel Hornberger	Director
Akiye Ida	Director
Anisha Imhoff-Kerr	Director
Paddy Kutz	Director
Pender McElroy	Director
John A. Morris	Director
Anthony Ng	Director
Frances Priester	Director
Marley Prunty-Lara	Director
Julian Rivera	Director
Joseph Rogers	Director
James Michael Simmons	Director
Nada Stotland	Director
Joseph Swinford	Director
Molly Van Ort	Director
Karl Wilson	Director

All of the individuals listed above are volunteers and are not compensated in their role as officers and directors of National Mental Health Association. All of the officers and directors can be reached at the following corporate address of National Mental Health Association:

2000 N. Beauregard Street, 6th Floor
Alexandria, VA 22311

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Form **8868**
(Rev. April 2007)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization NATIONAL MENTAL HEALTH ASSOCIATION, INC. D/B/A MENTAL HEALTH AMERICA	Employer identification number 13-1614906
	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 N. BEAUREGARD ST., 6TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22311	

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

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

- The books are in the care of ▶ THE ASSOCIATION
  Telephone No. ▶ (703)684-7722 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until AUGUST 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2006 or
▶ [ ] tax year beginning _____, and ending _____.

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 4-2007)

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