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

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific instructions.

Mental Health Association in Santa Barbara County
2017 Chapala Street
Santa Barbara, CA 93105

D Employer identification number: 95-1962659

E Telephone number: (805) 898-0409

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

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

G Web site ► N/A

H and I are not applicable to Section 527 organizations

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

H (b) If 'yes,' enter number of affiliates ►

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 [X] No

I Enter 4-digit group GEN ►

J Organization type (check only one) ► [X] 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 received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ► 1,400,958.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	183,893	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	754,964	
	d	Total (add lines 1a through 1c) (cash $ 938,857. noncash $)			1d 938,857
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 207,954
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 2,922
	5	Dividends and interest from securities			5 11,720
	6a	Gross rents	6a	72,381	
	b	Less rental expenses	6b	202,332.	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c -129,951
	7	Other investment income (describe ►)			7

		(A) Securities		(B) Other	
8a	Gross amount from sales of assets other than inventory	166,464	8a		
b	Less cost or other basis and sales expenses	173,134	8b		
c	Gain or (loss) (attach schedule) Statement 1	-6,670	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d -6,670

	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11 660
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 1,025,492
EXPENSES	13	Program services (from line 44, column (B))			13 1,059,553
	14	Management and general (from line 44, column (C))			14 152,104
	15	Fundraising (from line 44, column (D))			15 20,228
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 1,231,885.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 -206,393
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 1,139,553
	20	Other changes in net assets or fund balances (attach explanation) See Statement 2			20 3,090
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 936,250

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 $ ____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	65,659		65,659	
26 Other salaries and wages	26	561,815.	457,808.	104,007	
27 Pension plan contributions	27	6,626	1,943	4,683.	
28 Other employee benefits	28	67,241.	58,662	8,579	
29 Payroll taxes	29	48,397.	35,404	12,993	
30 Professional fundraising fees	30	20,228.			20,228
31 Accounting fees	31	4,050	361	3,689.	
32 Legal fees	32	1,015		1,015.	
33 Supplies	33	20,128.	14,876.	5,252.	
34 Telephone	34	14,935	8,139.	6,796.	
35 Postage and shipping	35	8,151	278.	7,873.	
36 Occupancy	36	97,149	47,932	49,217.	
37 Equipment rental and maintenance	37	44,099.	35,202.	8,897	
38 Printing and publications	38	16,043.	2,202.	13,841	
39 Travel	39	10,609.	3,839	6,770	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	60,826	44,584	16,242.	
43 Other expenses not covered above (itemize)					
a See Statement 3	43a	184,914.	348,323	-163,409	
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,231,885.	1,059,553	152,104	20,228

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 $

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ► Mental health services

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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a Schedule attached (Grants and allocations $)	346,307.
b Schedule attached (Grants and allocations $)	255,021
c Schedule attached (Grants and allocations $)	271,084
d Schedule attached (Grants and allocations $)	121,225
e Other program services. See Statement 4 (Grants and allocations $)	65,916
f **Total of Program Service Expenses** (should equal line 44, column (B), program services). ►	1,059,553

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			50,203.	45	27,839
	46 Savings and temporary cash investments			273,266.	46	188,744
	47a Accounts receivable	47a	109,986			
	b Less allowance for doubtful accounts	47b		82,244	47c	109,986
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach sch)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			19,697.	53	24,655.
	54 Investments – securities (attach schedule)		► ☐ Cost ☐ FMV	216,054	54	80,219
	55a Investments – land, buildings, & equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments – other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	3,027,885			
	b Less accumulated depreciation (attach schedule) Statement 5	57b	531,391	524,430.	57c	2,496,494
	58 Other assets (describe ► See Statement 6)			25,000	58	1,996
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			1,190,894.	59	2,929,933
LIABILITIES	60 Accounts payable and accrued expenses			51,341	60	109,938
	61 Grants payable				61	
	62 Deferred revenue				62	
	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	1,883,745
	65 Other liabilities (describe ►)				65	
	66 **Total liabilities** (add lines 60 through 65)			51,341	66	1,993,683
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► [X] and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			1,093,020.	67	851,589
	68 Temporarily restricted				68	38,128
	69 Permanently restricted			46,533	69	46,533
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19 and column (B) **must** equal line 21)			1,139,553	73	936,250
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			1,190,894.	74	2,929,933

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.

BAA

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	1,028,582.
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) See Stm 7 $ 3,090		
	Add amounts on lines (1) through (4)	b	3,090
c	Line a minus line b	c	1,025,492.
d	Amounts included on line 12, Form 990 but not on line a.		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,025,492.

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

a	Total expenses and losses per audited financial statements	a	1,231,885
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,231,885
d	Amounts included on line 17, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,231,885

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation	(E) Expense account and other allowances
See Statement 8		65,659	1,970	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ► ☐ Yes ☒ No

If 'Yes,' attach schedule – see instructions

Part VI Other Information (See specific instructions)

		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a 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?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a 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			
81a 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
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A			
83a 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	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 *501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in house lobbying expenditures of $2,000 or less?	85b	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			
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?	85g	N/A	
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?	85h	N/A	
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 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	88		X
89a *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.			
90a List the states with which a copy of this return is filed ► None			
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions) 90b 0			
91 The books are in care of ► Pat Collins Telephone number ► (805) 898-0409 Located at ► Above address ZIP + 4 ►			
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 instructions)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a Rental income					80,259
b Resident fees					127,695
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	2,922	
96 Dividends & interest from securities			14	11,720.	
97 Net rental income or (loss) from real estate:					
a debt financed property	531120	-129,951			
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					-6,670
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b Miscellaneous					660
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-129,951.		14,642.	201,944
105 Total (add line 104, columns (B), (D), and (E))				►	86,635

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 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)
93a&b	Provides board & care for mental health patients.
103a	Supplemental income used to offset expenses of programs.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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

[redacted] Date 7/23/02

[redacted] Associate Director

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 Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information – (See separate instructions.)

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

2001

Name of the Organization: Mental Health Association in Santa Barbara County

Employer Identification Number: 95-1962659

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 & deferred compensation	(e) Expense account and other allowances
Patrica Collins Santa Barbara, CA	Associate Dir 40	55,656.	1,670.	0
Total number of other employees paid over $50,000 ►	0			

Part II 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 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 ► $ N/A **(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)**	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking 'Yes,' must complete Part VI B **and** attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE FORM 990 PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below.)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note: *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments*

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) (See section 509(a)(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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	998,144	846,345	771,709.	807,464.	3,423,662
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	200,110.	134,010	130,383.	156,191.	620,694
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 organ ization after June 30, 1975	22,627.	16,936.	17,515.	17,247	74,325
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 See Stmt 9	8,382.	4,349	2,799	6,011.	21,541
23 Total of lines 15 through 22	1,229,263	1,001,640	922,406.	986,913.	4,140,222
24 Line 23 minus line 17	1,029,153.	867,630.	792,023.	830,722	3,519,528
25 Enter 1% of line 23	12,293.	10,016.	9,224	9,869	

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24 ► **26a** 70,391

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 1997 through 2000 exceeded the amount shown in line 26a. **Do not file this list with your return** Enter the total of all these excess amounts ► **26b** 9,564

c Total support for Section 509(a)(1) test Enter line 24, column (e) ► **26c** 3,519,528

d Add Amounts from column (e) for lines 18 74,325 19 _____ 22 21,541 26b 9,564 **26d** 105,430

e Public support (line 26c minus line 26d total) ► **26e** 3,414,098.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► **26f** 97 00 %

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

(2000) _____ (1999) _____ (1998) _____ (1997) _____

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 11, 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

(2000) _____ (1999) _____ (1998) _____ (1997) _____

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 1997 through 2000, 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?	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)			
34a	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 instructions)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table –			
If the amount on line 40 is – / **The lobbying nontaxable amount is –**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2001	**(b)** 2000	**(c)** 1999	**(d)** 1998	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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)

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.

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

52a 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

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

2001

Name of Organization	Employer Identification Number
Mental Health Association in Santa Barbara County	95-1962659

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 box(es) 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* ***must*** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)*

Name of Organization
Mental Health Association in Santa

Employer Identification Number
95-1962659

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

Name of Organization: Mental Health Association in Santa

Employer Identification Number: 95-1962659

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of Organization: Mental Health Association in Santa

Employer Identification Number: 95-1962659

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) ► $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift: Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift: Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift: Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift: Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price:	166,464.
Cost or Other Basis	173,134.

Total Gain (Loss) Publicly Traded Securities	$ -6,670
Total Net Gain (Loss) From Noninventory Sales	$ -6,670

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Schedule attached	$ 3,090
Total	$ 3,090

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Allcated to rental operations	-16,249	-16,249		
Allocation of G&A exp		250,893	-250,893	
Consumer pay	1,926.	1,926.		
Dues & subscriptions	1,506	118.	1,388.	
FAMI	3,512		3,512	
Food	49,921	41,600	8,321	
Housing assistance	28,082	28,082		
Insurance	24,845	8,224	16,621	
Miscellaneous	17,865	5,151	12,714	
Payments to affiliates	16,781.		16,781.	
Professional services	1,363.	1,363		
Social & recreation	7,356.	7,356.		
Special events	2,719.		2,719.	
Staff relief	30,187.	8,260	21,927	
Taxes & licenses	1,979	1,979.		
Training	6,734.	3,233.	3,501	
Transportation	6,387	6,387.		
Total	$ 184,914	$ 348,323	$ -163,409.	$ 0

Statement 4
Form 990, Part III, Line e
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Schedule attached		65,916
	$ 0	$ 65,916

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	$ 81,702	$ 36,095	$ 45,607
Furniture and Fixtures	210,865	171,162	39,703
Buildings	928,058	324,134	603,924.
Land	1,791,918.		1,791,918
Miscellaneous	15,342.	0	15,342
Total	$ 3,027,885.	$ 531,391.	$ 2,496,494

Statement 6
Form 990, Part IV, Line 58
Other Assets

Deposits with others	$ 1,996
Total	$ 1,996

Statement 7
Form 990, Part IV-A, Line b(4)
Other Amounts

See attached schedule	$ 3,090
Total	$ 3,090

Statement 8
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Ann Marie Cameron Santa Barbara, CA	Executive Direc 40	$ 65,659	$ 1,970	$ 0
See attached schedule Santa Barbara, CA	Director 2	0	0	0
	Total	$ 65,659.	$ 1,970	$ 0

Statement 9
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
Misc income	$ 8,382.	$ 4,349	$ 2,799	$ 6,011	$ 21,541
Total	$ 8,382	$ 4,349	$ 2,799.	$ 6,011	$ 21,541

sbmha 12/31/01

Part 1, line 20
Other changes in fund balances

Increase (decrease)in value of marketable securities	881
Sale of securities-book basis gain(loss)	-4,461
Sale of securities-cost basis (gain) loss	6,670
	3,090

Part IV, line 54

Investments-securities	Cost	Market
Corporate stocks	4,550	5,998
Corporate bonds	59,374	42,721
Closely held company	31,500	31,500
	95,424	80,219

Part III, line A Statement of program service accomplishments	Program Service Expenses	Grants and Allocations
a Fellowship Center served approximately 175 persons in a social rehab program & published a quarterly newsletter distributed to the membership	346,307	
b Casa Juana Maria, a board & care facility, provides living accommodations for 6 county MHS clients, with short-term transitional stays (0 to 2 months)	255,021	
c Lyons House, a board & care facility, provides living accommodations for 8 female clients, with emphasis on clients returning from out of county placements	271,084	
d Family advocate & other, advocate services for the above programs	121,225	
e Canon Perdido apartments	65,916	
	1,059,553	none

SANTA BARBARA MENTAL HEALTH ASSOCIATION
2001 Board of Directors
(805) 569-1607

Board Member:	Address:	Phone:	E-mail Address:
Bruce Byers	535 High Grove Avenue, Goleta, CA 93117	H) 968-3649 W) 963-6325	
Jane Carlisle	968 Cocopah Drive, Santa Barbara, CA 93110	687-2551	carlisle-j@sa.ucsb.edu
Robert Casier, Ph.D.	347 Ridgecrest Drive, Santa Barbara, CA 93108	969-3129	
Larry Crandell, Jr	217 E. Anapamu Street, Santa Barbara, CA 93101	W) 963-1496 P) 899-6000	
James DeVoe	18 East Sola, Santa Barbara, CA 93101	899-3527	
Rod Eson –	2618 Foothill Lane, Santa Barbara, CA 93105	H)899-3455 W) 966-6596	
Ann Eldridge	2620 Painted Cave Road, Santa Barbara, CA 93105	964-2375 P&F)	anneldridge@juno.com
Bill Elliott, Ph. D.	1249 Camino Meleno, Santa Barbara, CA 93111	967-7009	Sweetwm@hotmail.com
Yvonne Ferguson, MD	601 E. Arrellaga, Ste. 204, Santa Barbara, CA 93103	H)682-2621 W) 987-0046 F) 987-1146 (as of 4-16-01)	
Councilmember Gil Garcia	City Hall, P.O. Box 1990, Santa Barbara, CA 93102	564-5318 or 965-8561	
Maribel Jarchow	6733 Breakers Way, Ventura, CA 93001	H) 653-6499 W) 969-6868	PJARC42833@aol.com
Bob Judell	1270-3 Cravens Lane, Carpinteria, CA 93013	H) 684-6870 F) 684-2858	Rjudell882@aol.com
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Robert Sherman, Ph.D.	545 Barling Terrace, Goleta, CA 93117	967-5227	sherman@psych.ucsb.edu
Eva Taborsky	773 North Ontare Road, Santa Barbara, CA 93105	687-5864	tabnem@silicom.com
John Van Aken, JD	777 North Ontare Road, Santa Barbara, CA 93105	682-3475	Jon777Van@aol.com
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Pia Woolverton	2439 Vista Del Campo, Santa Barbara, CA 93101	569-2620	

Staff:	Address:	Phone:	E-mail address:
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