

Return of Organization Exempt From Income Tax

2004

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning _____, 2004, and ending _____, 20

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

C Name of organization: MENTAL HEALTH ASSOCIATION OF GREENVILLE CO, INC.
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 301 UNIVERSITY RIDGE 5600
 City or town, state or country, and ZIP + 4: GREENVILLE, SC 29601

D Employer identification number: 57-0955844

E Telephone number: (864) 467-3344

F Accounting method: Cash Accrual
 Other (specify) ▶ _____

G Website: ▶ _____

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ 3043

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 510,542

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	27,074		
	b Indirect public support	1b	193,729		
	c Government contributions (grants)	1c	176,694		
	d Total (add lines 1a through 1c) (cash \$ <u>395,697</u> noncash \$ <u>1,800</u>)	1d		397,497	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		57,073	
	3 Membership dues and assessments	3		10,454	
	4 Interest on savings and temporary cash investments	4		814	
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶ _____)	7				
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b Less: cost or other basis and sales expenses	8a		8b	
	c Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	44,704		
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		44,704	
Net Assets	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				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		510,542		
Net Assets	13 Program services (from line 44, column (B))	13	512,328		
	14 Management and general (from line 44, column (C))	14	5,699		
	15 Fundraising (from line 44, column (D))	15	10,422		
	16 Payments to affiliates (attach schedule) <u>MENTAL HEALTH ASSOC OF SC</u>	16	2,500		
	17 Total expenses (add lines 16 and 44, column (A))	17	530,949		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		20,407		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		232,913		
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		212,506		

RECEIVED
MAY 17 2005
IRS-SC
OGDEN, UT

JUN 30 2005
 SCANNED
 Revenue
 Expenses
 Net Assets

12

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. (See page 22 of the instructions)

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 (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23	2,919	2,919	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages	26	340,538	338,449	2,089
27 Pension plan contributions	27			
28 Other employee benefits	28	45,437	44,759	678
29 Payroll taxes	29	29,989	29,355	634
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	12,471	11,813	658
34 Telephone	34	7,210	7,173	37
35 Postage and shipping	35	4,436	4,042	5 389
36 Occupancy	36	23,806	23,806	
37 Equipment rental and maintenance	37	871	839	32
38 Printing and publications	38	13,768	13,542	178 48
39 Travel	39	3,437	3,187	25 225
40 Conferences, conventions, and meetings	40	11,718	11,718	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	9,720	9,720	
43 Other expenses not covered above (itemize): a INSURANCE	43a	1,969	1,969	
b PROFESSIONAL FEES	43b	4,900	3,550	1,350
c MEMBERSHIP DUES	43c	325	325	
d MISCELLANEOUS	43d	14,935	5,162	50 9,723
e	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 .	44	528,449	512,328	5,699 10,422

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 (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a CRISIS INTERVENTION CRISIS LINE & TEEN LINE PARENT AGENCY FOR CRISIS INTERVENTION HELP-LINES 20,000+ PEOPLE HELPED (Grants and allocations \$ _____)	380,853
b PLANNING IDENTIFY MENTAL HEALTH PROBLEMS AND DETERMINE SOLUTIONS 350+ PEOPLE HELPED (Grants and allocations \$ _____)	14,069
c COMMUNITY EDUCATION (HEALTH) PROGRAMS & WORKSHOPS BROCHURES ON MENTAL HEALTH/MENTAL ILLNESS 8,200+ PEOPLE HELPED (Grants and allocations \$ _____)	50,480
d SOCIAL AND RECREATIONAL SERVICES PROJECT BREAK-THROUGH PROGRAMS CHRISTMAS GIFTS COLLECTION FOR PATIENTS 2,000+ PEOPLE HELPED (Grants and allocations \$ _____)	66,926
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	512,328

Part IV Balance Sheets (See page 25 of the instructions.)

		(A)		(B)	
		Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash—non-interest-bearing	279,519	45	300,128
	46	Savings and temporary cash investments	55,172	46	55,986
	47a	Accounts receivable			
		47a	13,863		
	b	Less: allowance for doubtful accounts			
		47b		47c	13,863
	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 and loans receivable (attach schedule)			
		51a			
	b	Less: allowance for doubtful accounts			
	51b		51c		
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges		53		
54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55a	Investments—land, buildings, and equipment: basis				
	55a				
b	Less: accumulated depreciation (attach schedule)				
	55b		55c		
56	Investments—other (attach schedule)		56		
57a	Land, buildings, and equipment: basis				
	57a	49,278			
b	Less: accumulated depreciation (attach schedule)				
	57b	43,124	57c	26,154	
58	Other assets (describe <input type="checkbox"/>)		58		
	58	33,120			
59	Total assets (add lines 45 through 58) (must equal line 74)	390,822	59	396,131	
Liabilities	60	Accounts payable and accrued expenses	14,788	60	24,329
	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	
	65	Other liabilities (describe <input type="checkbox"/> DEPOSITS HELD FOR OTHERS)	141,121	65	159,296
66	Total liabilities (add lines 60 through 65)	157,909	66	183,625	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	116,865	67	100,907
	68	Temporarily restricted	116,048	68	111,599
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	232,913	73	212,506	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	390,822	74	396,131	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

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

a Total revenue, gains, and other support per audited financial statements ▶ a 510,542

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): _____ \$ _____

Add amounts on lines (1) through (4) ▶ b _____

c Line a minus line b ▶ c 510,542

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 510,542

a Total expenses and losses per audited financial statements ▶ a 530,949

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 530,949

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 530,949

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of 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	(E) Expense account and other allowances
MICHELLE MALUSHIZKY... P.O. Box 10708 GREENVILLE, SC 29603	PRESIDENT 5 HOURS	-0-	-0-	-0-
DARCY MAURO... 216 ROGERS AVE GREENVILLE, SC	PRESIDENT-ELECT 3 HOURS	-0-	-0-	-0-
TIBY WEINSTEIN... 238 PINE FOREST DR GREENVILLE, SC 29601	SECRETARY 3 HOURS	-0-	-0-	-0-
AARON PARRIS... P.O. Box 10495 GREENVILLE, SC 29603	TREASURER 3 HOURS	-0-	-0-	-0-
NAOMI CAMPBELL... 207 IDONIA DR TAYLORS, SC 29687	EXECUTIVE DIRECTOR 40 HOURS	36,816	7,041	-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 page 28 of the instructions.

Part VI Other Information (See page 28 of the 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.		✓
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		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
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?		✓
	b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a -0-		
81b	b Did the organization file Form 1120-POL for this year?		✓
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?	✓	
	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		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
	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	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	N/A	
85c	c Dues, assessments, and similar amounts from members.		
85d	d Section 162(e) lobbying and political expenditures.		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e).		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	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	
86a	86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	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.		✓
89a	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-		
89b	b 501(c)(3) and 501(c)(4) orgs. 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		✓
	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	90a List the states with which a copy of this return is filed NONE		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	19	
91	91 The books are in care of CORPORATE OFFICE Telephone no. (864) 467-3344 Located at 301 UNIVERSITY RIDGE SUITE 5400 GREENVILLE ZIP + 4 29601		
92	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		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>MANAGEMENT FEES</u>			<u>03</u>	<u>57,073</u>	
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					<u>10,454</u>
95 Interest on savings and temporary cash investments			<u>14</u>	<u>814</u>	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					<u>44,704</u>
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				<u>57,887</u>	<u>55,158</u>
105 Total (add line 104, columns (B), (D), and (E))					<u>113,045</u>

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 page 34 of 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)
<u>94</u>	<u>MEMBERSHIP DUES ARE ESSENTIAL TO FUND THE NEWSLETTERS SENT TO ALL MEMBERS TO KEEP THEM INFORMED</u>
<u>101</u>	<u>SPECIAL EVENTS SERVE AS A WAY TO KEEP THE PUBLIC INFORMED ABOUT MENTAL HEALTH</u>

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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
<u>N/A</u>	<u>%</u>			
	<u>%</u>			
	<u>%</u>			
	<u>%</u>			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

[Signature]

 s, Treasurer
 Date May 13, 2005

SCHEDULE A
(Form 990 or 990-EZ)

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.)

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MENTAL HEALTH ASSOCIATION OF GREENVILLE C.O, INC.

Employer identification number

57:0955844

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$50,000 ▶

NONE

Part II

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

Total number of others receiving over \$50,000 for professional services ▶

NONE

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

Yes No

<p>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 ▶ \$ <u>-0-</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p>	1	✓	
<p>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.</p>			
<p>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.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		✓
<p>b Lending of money or other extension of credit?</p>	2b		✓
<p>c Furnishing of goods, services, or facilities?</p>	2c		✓
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		✓
<p>e Transfer of any part of its income or assets?</p>	2e		✓
<p>3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a		✓
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b		✓
<p>4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a		✓
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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 page 5 of the 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 page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants See line 28).	454,018	451,879	416,312	360,049	1,682,258	
16 Membership fees received	8,924	7,686	8,209	10,480	35,299	
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						
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	1,347	2,968	6,579	8,420	19,314	
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	37,956	37,802	26,520	23,510	125,788	
23 Total of lines 15 through 22	502,245	500,335	457,620	402,459	1,862,659	
24 Line 23 minus line 17	502,245	500,335	457,620	402,459	1,862,659	
25 Enter 1% of line 23	5,022	5,003	4,576	4,025		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 37,253	
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b -0-	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,862,659	
d Add: Amounts from column (e) for lines:	18 19,314	19			26d 145,102	
	22 125,788	26b			26e 1,717,557	
e Public support (line 26c minus line 26d total)					26f 92%	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))						
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.					
(2003)	(2002)	(2001)	(2000)			
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:	(2003)	(2002)	(2001)	(2000)		
c Add. Amounts from column (e) for lines:	15 N/A	16			27c	
	17	20 N/A	21		27d N/A	
d Add: Line 27a total					27e	
e Public support (line 27c total minus line 27d total)					27f	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g N/A %	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 page 7 of the instructions.)
(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?	N	A
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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)

Table with columns for line numbers, descriptions, (a) Affiliated group totals, and (b) To be completed for ALL electing organizations. Includes lines 36-44 and a caution note.

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 11 of the instructions.)

Table for 4-Year Averaging Period with columns for (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Includes lines 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table for Lobbying Activity with columns for Yes, No, and Amount. Lists activities a-i and includes a note about attaching a statement.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MENTAL HEALTH ASSOC OF G'VILLE CO INC

FORM 990

57-0955844

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	\$102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	2754
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	-0-
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions.	5	102,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	9,472

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,792	5	HY	SL	179
c 7-year property		962	7	HY	SL	69
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			275 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see page 8 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	9,720
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

MENTAL HEALTH ASSOCIATION OF GREENVILLE COUNTY, INC.

ID # 57-0955844

FORM 990 12-31-04

Prepared By	Initials	Date
Approved By		

ACCOUNTANTS SUPPLY HOUSE NO. 7304-X

(1)

(2)

(3)

(4)

SCHEDULE A PART III LINE 1

THIS ORGANIZATION HAS NOT ATTEMPTED TO INFLUENCE ANY POLITICAL CAMPAIGN. AS PART OF ITS FUNCTIONS AS AN EXEMPT ORGANIZATION, THE ORGANIZATION ATTEMPTS TO EDUCATE LEGISLATORS AS TO THE NEEDS OF THE MENTALLY ILL IN SOUTH CAROLINA. CALLS AND CORRESPONDENCE ARE USUALLY DIRECTED TO THE GOVERNOR'S COMMITTEE ON MENTAL HEALTH AND RETARDATION ON A STATEWIDE LEVEL. CONTACTS WITH LOCAL LEGISLATORS ARE ENCOURAGED WHEN LEGISLATION AFFECTING THE MENTALLY ILL IS PENDING. NO LOBBYING IS DONE BY THIS ORGANIZATION.

LINE No

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40