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CHANGE OF ACCOUNTING PERIOD

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning JAN 1, 2010 and ending JUN 30, 2010

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

Please use IRS label or print or type See Specific Instructions

C Name of organization: **MENTAL HEALTH CARE, INC. FOUNDATION**

D Employer identification number: **59-1622729**

Number and street (or P.O. box, if mail is not delivered to street address): **5707 NORTH 22ND STREET**

Room/suite:

E Telephone number: **813-272-2244**

City or town, state or country, and ZIP + 4: **TAMPA, FL 33610-4350**

F Group Exemption Number:

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

G Accounting method:  Cash  Accrual Other (specify)

I Website: **N/A**

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

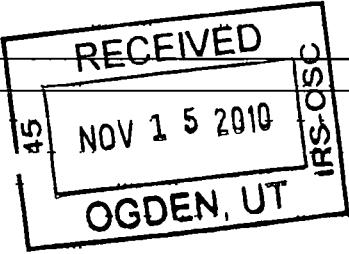
J Tax-exempt status (check only one) -  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 23,764.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	6,979.
	2	Program service revenue including government fees and contracts	2	1,617.
	3	Membership dues and assessments	3	
	4	Investment income	4	6,643.
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 2,592. of contributions reported on line 1)	6a	7,025.
b	Less: direct expenses other than fundraising expenses	6b	2,741.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4,284.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe <b>MISCELLANEOUS INCOME</b> )	8	1,500.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	21,023.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <b>SEE STATEMENT 1</b> )	16	25,073.
	17	Total expenses. Add lines 10 through 16	17	25,073.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<4,050.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	227,605.
	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 through 20	21	223,555.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	221,005.	217,955.
23 Land and buildings		
24 Other assets (describe <b>PLEDGES RECEIVABLE, FURNITURE</b> )	6,600.	5,600.
25 Total assets	227,605.	223,555.
26 Total liabilities (describe <b></b> )	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	227,605.	223,555.

SCANNED DEC 06 2010

P 7



**MENTAL HEALTH CARE, INC.  
FOUNDATION**

**Part V Other Information** (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a   0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b   N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a   N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b   N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ FL</span>		
42a	The organization's books are in care of <span style="float:right">▶ MARJORIE CARTER</span> Telephone no. <span style="float:right">▶ 813-239-8271</span> Located at <span style="float:right">▶ 5707 NORTH 22ND STREET, TAMPA, FL</span> ZIP + 4 <span style="float:right">▶ 33610-4350</span>		
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: <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43   N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

MENTAL HEALTH CARE, INC. FOUNDATION

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

Table with 3 columns: Question (46-49b), Yes, No. Contains questions about political activities, lobbying, school status, and related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (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. Entry: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Entry: NONE

d Total number of other independent contractors each receiving over \$100,000

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: DAVID W. HUNTER - FOUNDATION CHAIRMAN. Date: 15 Nov. 2010

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 10-26-10, Check if self-employed: [ ], Preparer's identifying number (See instr.): [ ], Firm's name (or yours if self-employed), address, and ZIP+4: CHERRY, BEKAERT & HOLLAND, L.L.P., 1111 METROPOLITAN AVENUE, SUITE 1000, CHARLOTTE, NC 28204, EIN: [ ], Phone no.: 704-377-1678

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No



**MENTAL HEALTH CARE, INC.**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83,451.	21,167.	39,590.	32,505.	6,979.	183,692.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3 ...	83,451.	21,167.	39,590.	32,505.	6,979.	183,692.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,106.
<b>6 Public support.</b> Subtract line 5 from line 4						182,586.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	83,451.	21,167.	39,590.	32,505.	6,979.	183,692.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	392.	1,191.	1,283.		6,643.	9,509.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					1,500.	1,500.
<b>11 Total support.</b> Add lines 7 through 10						194,701.
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	329,711.

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.78	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15		%

**16a 33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**MENTAL HEALTH CARE, INC.**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CHILDREN'S BREAKFAST (event type)	STARRY NIGHTS (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,731.	7,886.	9,617.
	2	Less. Charitable contributions	1,732.	860.	2,592.
	3	Gross income (line 1 minus line 2)	<1.>	7,026.	7,025.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	328.	2,413.	2,741.
	10	Direct expense summary Add lines 4 through 9 in column (d)			( 2,741 )
	11	Net income summary. Combine line 3, column (d), and line 10			4,284.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)				( _____ )
8	Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

**MENTAL HEALTH CARE, INC.**

**13** Indicate the percentage of gaming activity operated in.

- a The organization's facility
- b An outside facility

<b>13a</b>		%
<b>13b</b>		%

	Yes	No
--	-----	----

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a**

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party.

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information.

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**17a**

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BAD DEBTS	3.
BANK & CREDIT CARD CHARGES	200.
EMPLOYEE DONATIONS EXPENSE	1,789.
LICENSES AND PERMITS	385.
OFFICE SUPPLIES	160.
MISCELLANEOUS	1,552.
SERVICES FEES	575.
PROGRAM EXPENSES	20,409.
TOTAL TO FORM 990-EZ, LINE 16	25,073.

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVE HUNTER, 5707 NORTH 22ND STREET, TAMPA, FL 33610	CHAIR 1.00	0.	0.	0.
JEFF WILLIS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	VICE CHAIR 1.00	0.	0.	0.
CALEB LEWIS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TREASURER 1.00	0.	0.	0.
ALYSA WARD, 5707 NORTH 22ND STREET, TAMPA, FL 33610	SECRETARY 1.00	0.	0.	0.
MARK ANDERSON, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
ANDREW COHEN, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
TROY COLLIER, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
VALERIE CLARK DIGENNARO, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.

MENTAL HEALTH CARE, INC. FOUNDATION

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IRENE GUY, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
JUDY DATO, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
DONNA HUNTER, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
GUY KING, III, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
DOLORES MCINTOSH, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
SANDRA MURMAN, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
KIM O'BRIEN, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
OLIN SHIVERS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
KEN WALTERS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
KAREN WARD, 5707 NORTH 22ND STREET, TAMPA, FL 33610	TRUSTEE 1.00	0.	0.	0.
JULIAN I. RICE, 5707 NORTH 22ND STREET, TAMPA, FL 33610	EX-OFFICIO 1.00	0.	0.	0.
LORNA L. GNIBUS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
REVEREND ABE BROWN, 5707 NORTH 22ND STREET, TAMPA, FL 33610	ADVISORY 1.00	0.	0.	0.
MONSIGNOR LAWRENCE HIGGINS, 5707 NORTH 22ND STREET, TAMPA, FL 33610	ADVISORY 1.00	0.	0.	0.
BARBARA REEVES, 5707 NORTH 22ND STREET, TAMPA, FL 33610	ADVISORY 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

MENTAL HEALTH SERVICES FOR THE INDIGENT

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 4

DESCRIPTION

GRANTS

EXPENSES

GRAHAM HOME, SAFE PLACE AND WISH LIST

0. 16,131.

TOTAL TO FORM 990-EZ, LINE 31

16,131.