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Short Form 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)**

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning		January 1		, 2011, and ending		December 31		, 20		12	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		C Name of organization Mental Health America of Montana Number and street (or P O box, if mail is not delivered to street address) Room/suite 205 Haggerty Lane; PO Box 88 170 City or town, state or country, and ZIP + 4 Bozeman, MT 59771-0088				D Employer identification number 81-0289661 E Telephone number (406) 587-7774 F Group Exemption Number ▶					
G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶ _____ I Website: ▶ <u>www.montanamentalhealht.org</u>		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) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527											
K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.											
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$											

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
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Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O) <i>See Statement # 1</i>		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
c	Less: direct expenses from gaming and fundraising events				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
b	Less: cost of goods sold				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26605	22 20087
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O) <i>See Statement #2</i>	6500	24 3114
25 Total assets	33105	25 23201
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33105	27 23201

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **Advocacy & Education for Mental Health of Montanans**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Virtual Drop-In Center includes providing on-line wellness and recovery resources and a telephonic WarmLine. Received 10,838 calls; Served 1,124 unique individuals; 136,316 unique website hits; www.montanawarmline.com (Grants \$ 50,760) If this amount includes foreign grants, check here ☐	28a	53033
29 Annual Educational Conferences and Presentations: To include 3rd Annual Children's Mental Health Conference, National Presentations at National MHA and National Institute for Mental Health, Six Affiliate MHA of MT Chapters, Universities, high schools, and middle schools benefiting 1,394 unique individuals. (Grants \$ 47,5000) If this amount includes foreign grants, check here ☐	29a	48163
30 Warm Line Enhancement Project: Using social and digital communication solutions to connect seven Drop-In Centers across Montana. The project involved recruiting Drop-In Centers, Assessing each site, Training staff, and buying hardware to combine programming through SKYPE communication and Mental Health TV. (Grants \$ 12,500) If this amount includes foreign grants, check here ☐	30a	15733
31 Other program services (describe in Schedule O) (Grants \$ 9,244) If this amount includes foreign grants, check here ☐	31a	86958
32 Total program service expenses (add lines 28a through 31a)	32	116929

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sue Chvilicek 513 North F Street, Livingston, MT 59407	President	0	0	0
Kathryn Lewis PO Box 7273, Great Falls, MT 59406	President Elect	0	0	0
Nancy Hampton 600 - 17th Ave, Apt. #5, Great Falls, MT 59405	Secretary	0	0	0
Lindsey Nichols PO Box 989 Great Falls, MT 59403	Treasury	0	0	0
Dan Aune PO Box 4762, Bozeman, MT 59772	Executive Director	55000	0	0
Julio Brionez PO Box 88, Bozeman, MT 59771	Prevention Coordinator	15,000	0	0
Mary Hansen 3104 - 54th St. W., Billings, MT 59106	Board Director	0	0	0
Colette Clayton-Gray PO Box 424, Gallatin Gateway, MT 59730	Board Director	0	0	0
Suzanne Hopkins 320 W. Barnes, Lewistown, MT 59457	Board Director	0	0	0
Molly Protheroe 717 Elm St., Helena, MT 59601	Board Director	0	0	0
Esther Kramer PO Box 746, Scobey, MT 59263	Affiliate Chapter Board Member	0	0	0
Millie Marsh 202 Parkland, Plentywood, MT 59254	Affiliate Chapter Board Member	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
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 tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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.	40e	✓
41 List the states with which a copy of this return is filed ▶ Montana		
42a The organization's books are in care of ▶ Mental Health America of Montana Telephone no. ▶ 406-587-7774 Located at ▶ 205 Haggerty Lane, Suite #170, Bozeman, Montana ZIP + 4 ▶ 59715		
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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		☒

48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E

48		☒
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
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b If "Yes," was the related organization a section 527 organization?

49b		☒
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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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 **0**

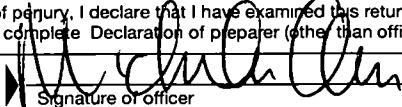
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ **Yes** ☐ **No**

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.

Sign Here  **Date** May 15, 2012
Type or print name and title Michelle Aune - Bookkeeper/Housing Director

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Mental Health America of Montana

Employer identification number

81-0289661

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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 exempt 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)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	167241	66224	44074	10525	69136	357200
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	167241	66224	44074	10525	69136	357200
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						357200

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	167241	66224	44074	10525	69136	357200
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	632	750	611	103	109	2205
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	632	750	611	103	109	2205
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	72678	96545	192821	186726	124738	673508
13 Total support. (Add lines 9, 10c, 11, and 12.)	240551	163519	237506	197354	193983	1032913
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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	35 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.002 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	.003 %
19a 33 1/3% support tests—2011. 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—2010. 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 ☐		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly down the page, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.

2011	FEDERAL STATEMENTS	PAGE 1
MENTAL HEALTH AMERICA OF MONTANA		81-0289661
STATEMENT 1		
FORM 990 ez, PART 1 LINE 16		
AUDIT & ACCOUTING	\$	26.00
COMM OUTREACH	\$	130.00
CONFERENCES, CONVENTIONS	\$	14,890.00
INSURANCE	\$	2,754.00
MISCELLANEOUS	\$	85.00
OFFICE EXPENSES	\$	5,294.00
OTHER - MENTAL HEALTH CAUCUS	\$	338.00
OTHER - VIRTUAL DIC	\$	4,940.00
SUICIDE PREVENTION	\$	2,654.00
TRAVEL	\$	14,847.00
VISTA VOLUNTEER	\$	479.00
DUES & FEES	\$	2,388.00
BOARD ANNUAL MEETING	\$	440.00
TOTAL \$		49,265.00
STATEMENT 2		
FORM 990 EZ, PART II, LINE 24		
OTHER ASSESTS		
ACCOUNTS RECEIVABLE	\$	3,114.00
EQUIPMENT	\$	-
PREPAID EXPENSES	\$	-
TOTAL \$		3,114.00

MHA of MT Board of Directors, Affiliate Presidents and Staff

Officers 2012-2013

Sue Chvilicek, President 513 North F Street Livingston MT 59407 406-222-4162w 406-223-0188c schvilicek@mt.gov use wk contacts during day, cell after hours Appointed 5/08, Expires 6/13	Kathryn Lewis, President - Elect PO Box 7273 Great Falls MT 59406 406-727-9643h bbkventures@bresnan.net Appointed 5/07 Expires 6/14	Lindsey M. Nichols, Treasurer 813 – 49 th Street North Great Falls, MT 59405 406-761-2820 H 406-217-4392 C lnichols@jccscpa.com Appointed 10/31/10 – 11/1/12 Expires 11/12 or 11/14	Nancy Hampton, Secretary Great Falls, MT 59405 406-453-0555h 406-590-2372w motherhampton@aol.com Appointed 01/10 Expires 06/14
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Directors 2012-2013

Mary Hansen 3104 54 TH Street West Billings, MT 59106 406-652-6264 H 406-861-0853 C marylillianhansen@msn.com Appointed 10/31/10 – 11/1/12 Expires 11/12 or 11/14	Amy Tipton P.O. Box 174 Joliet, MT 59041 (406) 698-8102 or 406-962-9026 (406) 698-5124 amytipton@live.com Appointed 08/20/11 – 08/20/13 Expires 08/20/13 or 08/20/15	Colette Clayton Gray PO Box 424 Gallatin Gateway MT 59730 406-599-3852c coletteclayton@ymail.com Appointed 6/05, 6/08 Expires 6/08, 6/12	Montana Peer Network – Representative, Robin Johnson PO Box 88 Bozeman, MT 59771 (406) 587-7774 Appointed January 1, 2012 Expires December 31, 2014
Suzanne Hopkins 320 West Barnes Lewistown MT 59457 406-538-4551 h suzanneh@midrivers.com Appointed 6/05, 5/08 Expires 6/08, 6/12	Elaine Schoyen 340 Beth Drive Great Falls, MT 59405 (406) 268-6466 W (406) 761-5695 H elaine_schoyen@gfps.k12.mt.us eschoyen@croskrey.org Appointed 08/20/11 – 08/20/13 Expires 08/20/13	Molly Protheroe 717 Elm Street Helena MT 59601 406-449-8177h 406-439-6744c redhat3@bresnan.net Appointed 5/02, 5/05, 5/08 Expires 6/05, 6/08, 6/11 (P 04-07, S 07-08, T 08-09) LIFETIME MEMBER	Julie French PO Box 356 Scobey, MT 59263 406-487-2455 h 406-480-5801 Julfrench71@yahoo.com Appointed 11/17/11 Expires: 11/17/14

MHA of MT Affiliates

MHA of Daniels County Esther Kramer, President PO Box 746 Scobey MT 59263 406-487-2881h ekramer@nemontel.net	MHA of Great Falls Diana Meyers, President 3834 Vigilante Dr. Great Falls, MT 59404 (406) 452-7189 H dmeyerslvwas@yahoo.com	MHA of Sheridan County Millie Marsh, President 202 Parkland Plentywood MT 59254 406-765-2992h	MHA of Sweetgrass-Stillwater Counties To Be Announced after June 2012 Meeting
Yellowstone County Guardianship Council Bobbi Painter, Representative 3435 Mitzi Drive Billings MT 59101 406-245-6190h 406-860-8202c bpainter@bresnan.net			

Staff

Dan Aune, Executive Director
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Julio Brionez, Prevention Coordinator
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Stephanie DeGroat, VISTA Volunteer
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Michelle Aune, Bookkeeper
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February 21, 2012