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C peacy value of all secrets rend of ying 155, 995. © Concerning number (See instructions.) ►  # Enter the number of the organization's unrelated trade of business here ► SEE STATEMENT 1				r toreig	n postal code			5 <i>4</i> 1	200	
H Enter the number of the organization type ► XI 501(c) corporation    H Enter the number of the organizations unrelated trades or businesses.   Describe the enty (or first) unrelated trade or businesses.   Describe the number of the organizations unrelated trades or businesses.   Describe the first in the bank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business. Bear the composition as subsidiary in an affiliated group or a parent-subsidiary controlled group?  If the pools are in care of ► COURTINEY HATFIELD  Telephone number ► (615) 269 – 5355  Part I Unrelated Trade or Business Income  1a. Gross receipts or sales  40 , 575 .  b Less returns and allowances  1c. Cast of goods sale (Schedule A, Ine 7)  Gross profits Subtract fine 2 from the 1c.  4a. Capital gain ent recome (Eather the 2 from the 1c.  4a. Capital gain ent recome (Eather the 2 from the 1c.  4a. Capital gain ent recome (Eather the 2 from the 1c.  4a. Capital gain ent recome (Eather the 2 from the 3c.)  I unrelated Group aptraceshop or an Scooperation (stateshear)  I metallow developed the company of the	Book value of all	assets		<b>—</b>			<del></del>	DAT.	200	<del></del>
trade or business here > SEE STATEMENT 1  describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III.  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	at end of year 3,	755,995.		poration	501(c)	trust	401(a)	trust		Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts. I and II, complete a Schedule M for each additional trade or business, then complete Parts. III. V.  1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?    The problem is an increase   Very COUNTINEY HATPETELD   Telephone number   (615) 269-5355						escribe t	he only (or first) un	related		
business, then complete Parts III-V.  1 During the tax year, was the comporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If Yee, Test the name and identifying number of the parent corporation.  If Bodoks are in care of  COURTREY HATFIELD Telephone number  (615) 269-5355  It buss returns and allowances  (C) Net  1a Gross receipts or sales  40,575.  b Less returns and allowances  (C) Net  1a Gross receipts or sales  40,575.  b Less returns and allowances  (C) Net  1a Gross receipts or sales  40,575.  b Less returns and allowances  (C) Net  1a Gross print. Subtract fine 2 from line 1c  1a Capital fine and in enticennois (Lands Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (tatch Form 4797)  c Capital loss deduction for trusts  5 Income (loss) (Form 4797, Part II, line 17) (tatch Form 4797)  c Capital loss deduction for trusts  5 Income (loss) (Form 4797, Part II, line 17) (tatch Form 4797)  c Tunelated debi-financed income (Schedule E)  7 Unrelated debi-financed income (Schedule E)  8 Interest, annulbes, royalties, and rests from a controlled organization (schedule F)  1a Interest, annulbes, royalties, and rests from a controlled organization (schedule F)  1b Copporate II Deductions Not Taken Elsewhere (See instructions on Interest, cambines, royalties, and rests schedule)  1c Compensation of officers, directors, and trustees (Schedule K)  1d Compensation of officers, directors, and trustees (Schedule K)  1d Compensation of deferes (directly connected with the unrelated business income.)  1d Compensation of deferes (directly connected with the unrelated business income.)  1d Compensation of deferes (directly connected with the unrelated business income.)  1d Compensation of deferes (directly connected with the unrelated business income.)  1d Compensation of deferes (directly connected with the unrelated business income.)  1d Compensation of deferes (directly connected with the unrelated business income.)  1d Contributions to deferes (directly connected with the	trade or busine	ss here 🕨 🔼	SEE STATEMENT 1		. If on	ily one, c	complete Parts I-V.	If more	than one,	
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If Yes, enter the name and identifying number of the parent corporation.  3 The bods are in case of ▶ COURTNEY HATFIELD  Telephone number ▶ (615) 269–5355  Part I Unrelated Trade or Business Income  (A) Income (B) Expanses  (C) Mat  1a Gross recepts or sales 40,575.  b Less returns and allowances 2 Cost of goods sold (Schedule A, Ine?) 3 Gross profit. Subtract fine 2 from line 1c 4 Capital gain and income (Schedule D) 4 b Net gain (loss) (Form 4797, Part III, line 17) (attach Form 4797) 6 Capital loss deduction for frusts 5 Income (sols) (Form 4797, Part III, line 17) (attach Form 4797) 6 Rent income (Schedule C) 7 Unrelated debt-inanced income (Schedule E) 8 Interest, emulties, royalties, and rents from a controlled organization (schedule F) 9 Investment income of a section 501(c)/7, (e), or (17) organization (Schedule F) 10 Advertising income (Schedule I) 11 Advertising income (Schedule I) 12 Other microme (See instructions, attach schedule) 13 Total. Combine lines 3 Brough 12  Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wanges 16 Repairs and maintanance 17 Bad debts 18 Repairs and maintanance 19 Total. Combine lines 3 Brough 12 20 Depletion 21 Less depreciation claimed on Schedule A and elsewhere interest (attach schedule) (see instructions) 22 Depletion 23 Contributions to deferred compensation plans 24 Salanes and wanges 25 Excess readrating losts (Schedule J) 26 Excess readrating losts (Schedule J) 27 Other deductions (attach schedule) 28 Total gédections. Add lines 14 through 27 29 Excess readrating losts (Schedule J) 20 Depreciation claimed on Schedule A and elsewhere interest (attach schedule) 26 Excess readrating losts (Schedule J) 27 Other deductions (attach schedule) 28 Excess readrating losts (Schedule J) 29 Excess readrating losts (Schedule J) 30 Excess readrating losts (Schedule J) 31 Unrigital dusiness taxable income Substract line 30 from line 29 31 Unrigital dusiness t					diame appearation or		<b>.</b> [	7 /0	্তি	No.
The books are in care of ► COURTNEY HAPTELD Telephone number ► (615) 269-5355   Part I Unrelated Trade or Business Income (A) Insome (B) Expanses (C) Net  1a Gross recepts or sales 40,575.  b Less returns and allowances 2 Cost of goods sold (Schedule A, Ine 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4b Ret gain (loss) (Form 479, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 income (loss) from a partnership or an S corporation (attach statement) 5 income (loss) from a partnership or an S corporation (attach statement) 5 income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 interest, annulses, royaltes, and refine from a controlled organization (Schedule G) 9 Investment income or a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advarsing income (Schedule J) 12 Other income (Sea instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Interest (attach schedule) (see instructions) 18 Advasting income (Schedule A and elsewhere (See instructions on deductions) 19 Totals and licenses 10 Depreciation claimed on Schedule A and elsewhere (See instructions on deductions) 10 Totals and licenses 10 Depreciation claimed on Schedule A and elsewhere (See instructions) 10 Totals and licenses 10 Depreciation claimed on Schedule A and elsewhere (See instructions) 20 Depreciation claimed on Schedule A and elsewhere (See instructions) 21 Depreciation claimed on Schedule A and elsewhere (See instructions) 22 Depletion 23 Contributions to defered-Compensation plans 24 3,713. 25 Excess exempt exposes (Schedule I) 26 Excess readirship costs (Schedule I) 27 Other deductions. Add lines 14 through 27 28 Employee bennet programs 29 1 Unrelated business taxable income before net	-		· · · · · · · · · · · · · · · · · · ·	it-subsi	diary controlled gr	roup r		10	ട 🙉	NO
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(Deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)  Salaries and wages  15 73,440.  16 Repairs and maintenance  18 17  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  Dec 2,8 2020  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  OGDEN, UT  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess readership costs (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions (attach schedule)  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  SEE STATEMENT 3  O Longelated business taxable income Subtract line 29  Unrelated business taxable income Subtract line 30 from line 29  14 Taxet and wages  15 73,440.  16 Taxet and wages  18 Taxet and wages  19 5,657.  20 20 20 20 20 20 20 20 20 20 20 20 20 2	Part II De	ductions No	ot Taken Elsewhere (See instructions fo	r limite	tions on deduct					<u> </u>
Compensation of officers, directors, and trustees (Schedule K)  Salaries and wages  Repairs and maintenance  RECEIVED  Taxes and licenses  Depreciation (attach schedule) (see instructions)  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Contributions to deferred compensation plans  Employee benefit programs  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  SEE STATEMENT 3  Unrelated business taxable income Subtract line 30 from line 29  Total deductions (stach business taxable income Subtract line 30 from line 29  June lated business taxable income Subtract line 30 from line 29		ductions must	be directly connected with the unrelated busin	ess inc	ome.)					
Repairs and maintenance  Head debts Interest (attach schedule) (see instructions) RECEIVED  Depreciation (attach Form 4562) Less depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return  Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Ungrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Head debts  RECEIVED  DEC 2 8 2020  20  21b  22c  22d  23  24  3 , 713.  25  Excess exempt expenses (Schedule I) 25  Excess readership costs (Schedule J) 26  27  16, 528. 28  99, 338. 29  19  19  5, 657.  19  10  10  10  10  10  10  10  10  10	14 Compensa	ition of officers, d	rectors, and trustees (Schedule K)					14		
Had debts Interest (attach schedule) (see instructions) RECEIVED RECEIVER R			/					15	7	<u>3,440.</u>
Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return. Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Interest (attach schedule) 5, 657.  DEC 2 8 2020  DEC 2 8 2020  Zab  DEC 2 8 2020  Zab  Zab  Zab  Zab  Zab  Zab  Zab  Za		nd maintenance							<del></del>	
Taxes and licenses Depreciation (attach Form 4562) Depreciation (attach Form 4562) Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Cother deductions (attach schedule) Cother ded	17 Bad debts	**	RECEIVED	ار_					<del></del>	
Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Cother deductions (attach schedule)  Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  SEE STATEMENT 3  Unrelated business taxable income Subtract line 30 from line 29  John Cother deduction (attach schedule)  SEE STATEMENT 3  John Cother deduction (attach schedule)  John Cother deduction (attach schedule)  SEE STATEMENT 3  John Cother deduction (attach schedule)  John Cother deduction (attach schedule)  SEE STATEMENT 3  John Cother deduction (attach schedule)  John Cot			/ 1 1	SS		•				5 657.
Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Cother deductions (attach schedule) Cother deductions (at	Depreciati	on (attach Form 4	562) / E DEC 2 8 2020	18	1 20	1		<del>  '*</del>	·	3,037.
Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Cother deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Unrelated business taxable income Subtract line 30 from line 29  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  SEE STATEMENT 3  Unrelated business taxable income Subtract line 30 from line 29  22  23  24  3,713.  25  26  27  16,528.  29  29  30  0.  31  Unrelated business taxable income Subtract line 30 from line 29	Z1 Less depr	eciation claimed o	n Schedule A and elsewhere on return				,	21b		
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  SEE STATEMENT 3  Unrelated business taxable income Subtract line 30 from line 29  31  158, 763.	22 Depletion		OGDEN, U	٢.	]					
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  SEE STATEMENT 3  Unrelated business taxable income Subtract line 30 from line 29  31  158, 763.	23 Contributi	ons to deferred co	empensation plans		_			23		
Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  SEE STATEMENT 3  Unrelated business taxable income Subtract line 30 from line 29  16,528.  29	24 Employee									<u>3,713.</u>
Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  SEE STATEMENT 3  OUrrelated business taxable income Subtract line 30 from line 29  16,528.  29 16,528.  29 99,338.  29 -58,763.										<del></del>
Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  SEE STATEMENT 3  Unrelated business taxable income Subtract line 30 from line 29  28 99,338.  29 -58,763.		,			CEE C	יייה על יוה ב	2MFNT 2		1	6 528
Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  SEE STATEMENT 3  Unrelated business taxable income Subtract line 30 from line 29  29 -58, 763.		•			366 3	,				
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  SEE STATEMENT 3  Unrelated business taxable income Subtract line 30 from line 29  31 -58, 763.				t line 28	from line 13					
(see instructions) SEE STATEMENT 3 1 Unrelated business taxable income Subtract line 30 from line 29 31 -58,763.	/									
		-				TATE	EMENT 3	30		
	31 Unrelated	business taxable i	income Subtract line 30 from line 29					31		

Form 99	0-T (20	9) MENTAL HEALTH ASSOCIATION OF MIDDLE TENNESSEE		62	-063	7710	) Bass
		Total Unrelated Business Taxable Income	<del></del>		003	,,,,	raye
32		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		/ 32		58,7	63
33		•			<del></del>	30,1	03.
		unts paid for disallowed fringes		38	<u> </u>		<del></del>
34		table contributions (see instructions for limitation rules)		_ 34		= =	0.
35		unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of	_			58,7	
36		, , , , , , , , , , , , , , , , , , , ,	STMT 4				<u>0.</u>
37	Tota	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		7 37		58,7	63.
38	Spec	fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)		<b></b> 38		1,0	00.
39	Unre	ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		$\Box$			
	ente	the smaller of zero or line 37		//  de	-	<u>58,7</u>	63.
Parl	V	Tax Computation					
40	Orga	nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	<u> </u>	<b>40</b>			0.
41		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		10		·	
••		Tax rate schedule or Schedule D (Form 1041)	_				
42	Dray	r tax. See instructions		41			
			•	42			
43		native minimum tax (trusts only)		43			
44		n Noncompliant Facility Income. See instructions		44			
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45			0.
Parl		Tax and Payments					
46 a	Fore	on tax credit (corporations attach Form 1118; trusts attach Form 1116)	· · · <u></u>				
b	Othe	credits (see instructions)					
C	Gene	ral business credit. Attach Form 3800		7. [			
d	Cred	t for prior year minimum tax (attach Form 8801 or 8827)		7			
е	Total	credits. Add lines 46a through 46d		46e			
47		act line 46e from line 45	•	47			0.
48			(attach schedule)				
49		tax. Add lines 47 and 48 (see instructions)	(attach schedule)	·			0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		49	• •		0.
				50	<del></del>		<u> </u>
_		ents: A 2018 overpayment credited to 2019	<del> </del>	i i			
D		estimated tax payments 51b		<b>⊣</b> ]			
		eposited with Form 8868		- 1			
		in organizations: Tax paid or withheld at source (see instructions)	·	<b>⊣</b> ∣			
8		p withholding (see instructions)	····	_  i			
f	Cred	for small employer health insurance premiums (attach Form 8941)					
g	Othe	credits, adjustments, and payments: Form 2439		7			
		Form 4136 Other Total ▶ 51g		l I			
52		payments. Add lines 51a through 51g		52			
53	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached		53			
54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	<b>•</b>	54			
55		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overbaid		55		-	
56		About the state of the SE vice would be all the state of	fundad -		·		
Part		Statements Regarding Certain Activities and Other Information (see instru	funded >	56			
			Ctionsy			T.,	r ::-
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				1	
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	here				<del></del>	<u> </u>	X
58	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?			L	X
	If "Ye	, see instructions for other forms the organization may have to file.					
59	Enter	the amount of tax-exempt interest received or accrued during the tax year 🕨 💲				1	
۰.		Under penalities of perjusy-i-declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my know	ledge and be	elief, it is tr	ue,	
Sign	- 1	Acriect, and complete Declaration of preparer (other trial taxpayer) is based on all information of which preparer has any knowledge					
Here	- 1	12/2//2» PRESIDENT & CE		May the IRS the preparer			rth
		Signature of officer Date Title	<del></del>	instructions)	P-2-2-7	/es	No
	L	Print/Type preparer's name Preparer's signature Date	Check			30	1
Б				if PTIN	ı		
Paid		Hara A Moon seins	self- employed		1002	1774	
Prep		CHERRY DEVIATION OF THE	Te . = }		00034		
Use	Only	Firm's name CHERRY BEKAERT LLP	Firm's EIN	- 56	5-057	444	#
		222 SECOND AVE, SOUTH STE 1240	<b> </b>	ca = -			
		Firm's address ► NASHVILLE, TN 37201	Phone no.	<u>615-3</u>			
923711 (	1-27-2				Form 9	90-T	20191

Form 990-T (2019) TENNESSEE

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A	\			<del></del>	
1 Inventory at beginning of year	1 1		6 Inventory at end of ye			6	T	
2 Purchases	2		7 Cost of goods sold. S		luna 6	۳		
3 Cost of labor	3		from line 5. Enter here					
4a Additional section 263A costs	-	<del></del>	line 2	יווי טווט פו	raiti,	7	<b>'</b>	
· ·	40		· -	0604/	with respect to	<u> </u>	Yes	No
(attach schedule)	48		8 Do the rules of section	•	•		100	110
b Other costs (attach schedule)	4b		property produced or	acquirec	i for resale) apply to			
5 Total. Add lines 1 through 4b Schedule C - Rent Income	(From Beat	Property and	the organization?		d With Pool Prop	ortic	<del></del>	
(see instructions)	(i roin rioar	- Toperty and		_ <del>-</del> 6056	d With Near Prop	or ty		
1. Description of property								
(1)							<del></del>	
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%)	e than	) of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) ai	connec nd 2(b) (	cted with the income in attach schedule)	
(1)								
(2)			· · · · · · · · · · · · · · · · · · ·					
(3)		1	<del></del>					
(4)		† · · · · · · · · · · · · · · · · · · ·	<del></del>	···	······································			
Total	0.	Total	·	0.		-		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	2(a) and 2(b). En	iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Det		Income (see	instructions)		Tract, mio o, column (b)			
			2. Gross income from		<ol> <li>Deductions directly con to debt-finance</li> </ol>			
Description of debt-fi .	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	I
(1)				<del> </del>		+-		
(2)			<u> </u>			<del>                                     </del>		
(3)	· · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>	<del>                                     </del>	<del></del>	1	<del></del>	
(4)		·		<del>                                     </del>		+	<del></del>	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)	1		%		······································	1		
(2)			%					
(3)			%			T		
(4)			%	1		1		
	*				inter here and on page 1, Part 1, line 7, column (A)		Enter here and on page Part I, line 7, column (B	
Totals			_	1	0		•	0.
Total dividends-received deductions	ncluded in column	n 8				:		0.
4111 4044414110 11	90.41111							~ •

Form 990-T (2019)

MENTAL HEALTH ASSOCIATION OF MIDDLE Form 990-T (2019) TENNESSEE 62-0637710 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2. Employer identification 5. Part of column 4 that is included in the controlling organization's gross income 6. Deductions directly connected with income in column 5 Total of specified payments made 1. Name of controlled organization Net urrelated income number (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable income 8. Net unrelated income (loss) Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 Total of specified payments (see instructions) (1) (2) (3)(4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I. Enter here and on page 1, Part I. line 8, column (A) line 8, column (B) 0 **Totals** ٥. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions 3 Deductions 4. Set-asides (attach schedule) 1. Description of income 2 Amount of income directly connected and set-said (attach schedule) (col 3 plus col 4) (1) (2)(3)(4)Enter here and on page 1 Emer nere and on page 1 Pert I, line 9, column (A) Part I, lino 9, column (B) **Totals** 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross from unrelated trade or Gross income 6. Expenses attributable to directly connected expenses (column 1. Description of unrelated business business (column 2 from activity that with production 6 minus column 5, exploited activity income from minus column 3), if a is not unrelated but not more than of unrelated column 5 gain, compute cols 5 business income column 4). through 7 (1) (2)(3)(4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col (B). page 1, Part I, line 10, col (A) on page 1, Part II, line 25 0 Ο. Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain 7. Excess readership 2 Gross 3. Direct 5. Circulation or (loss) (col 2 minus 6. Readership costs (column 6 minus advertising 1. Name of periodical col 3) If a gain, compute cols 5 through 7 column 5, but not more than column 4) advertising costs income costs (1) (2) (3)

0

0

Totals (carry to Part II, line (5))

(4)

## MENTAL HEALTH ASSOCIATION OF MIDDLE

Form 990-T (2019) TENNESSEE 62-06377

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in 62-0637710 columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
· (2)						
(3)						
(4)						
Totals from Part I	0.	0.	`			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	n of Officers.	irectors, and	Trustees (see in	structions)		

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

Page 5

				·····	
FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT 1
		BUSINESS ACTIVIT	ΓY		

## ADMINISTRATIVE SUPPORT TO OTHER NONPROFITS

TO FORM 990-T, PAGE 1

FORM 990-T		OTHER DED	UCTIONS	STATEMENT 2
DESCRIPTION	N			AMOUNT
RETIREMENT	_			2,570
AUDIT FEE				786.
	AL SERVICES			334
OFFICE SUPE	PLIES			635
OCCUPANCY		· ~ ~		3,788
	RENTAL & MAINTENAN LIABILITY INSURANC			379
BANK SERVIC		.B		279 . 115 .
TRAVEL	CH CIMIGED			200
LIMINIO				
	FEE	ı		7,442
MANAGEMENT	FEE ORM 990-T, PAGE 1,	LINE 27		
MANAGEMENT	ORM 990-T, PAGE 1,	LINE 27 OPERATING LOS	SS DEDUCTION	7,442
MANAGEMENT	ORM 990-T, PAGE 1,		SS DEDUCTION	16,528
MANAGEMENT	ORM 990-T, PAGE 1,	OPERATING LOS	SS DEDUCTION  LOSS REMAINING	16,528
MANAGEMENT TOTAL TO FO	ORM 990-T, PAGE 1,	OPERATING LOSS PREVIOUSLY APPLIED	Loss	7,442.  16,528.  STATEMENT 3  AVAILABLE THIS YEAR

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15	23,733.	0.	23,733.	23,733.
06/30/16	23,489.	0.	23,489.	23,489.
06/30/17	27,182.	0.	27,182.	27,182.
06/30/18	63,402.	0.	63,402.	63,402.
NOL CARRYO	VER AVAILABLE THIS	YEAR	137,806.	137,806.