

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)

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 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

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

C Name of organization: TRI-COUNTY MENTAL HEALTH SERVICES INC
Number and street (or P.O. box if mail is not delivered to street address): 3100 NE 83RD STREET
Room/suite: 1001
City or town, state or country, and ZIP + 4: KANSAS CITY, MO 64119

D Employer identification number: 43-1556416
E Telephone number: (816) 468-0400
F Accounting method: Accrual

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

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

G Website: HTTP://TRI-COUNTYMHS.ORG

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 11,017,625.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Total revenue: 10,850,817. Total expenses: 10,539,317. Net assets at end of year: 5,737,336.

COPY FOR PUBLIC INSPECTION

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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 the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23, 24, 25a-25c, 26-43, and 44 Total functional expenses.

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 [X] 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 the instructions.)

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.

<p>What is the organization's primary exempt purpose? SEE STATEMENT 9</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a TRI-COUNTY MENTAL HEALTH SERVICE PROVIDED TO CLIENTS OF ALL AGES, COUNSELING, CRISIS STABILIZATION, EVALUATIONS, CASE MANAGEMENT, GROUP THERAPY, SERVICES THROUGH VARIOUS PROGRAMS.</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>8,842,039.</p>
<p>b</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>8,842,039.</p>

Part IV Balance Sheets (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	808,121.	46	555,077.
	47 a Accounts receivable	47 a 2,165,930.		
	b Less: allowance for doubtful accounts	47 b 101,493.	1,577,131.	47 c 2,064,437.
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less: allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	45,844.	53	44,083.
	54 a Investments - publicly-traded securities <input type="checkbox"/> STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,485,451.	54 a	1,727,421.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b	
	55 a Investments - land, buildings, and equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b		55 c
	56 Investments - other (attach schedule)			56
	57 a Land, buildings, and equipment: basis	57 a 3,654,793.		
b Less: accumulated depreciation (attach schedule)	57 b 1,740,337.	1,968,667.	57 c 1,914,456.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 11)	309,665.	58	280,420.	
59 Total assets (must equal line 74). Add lines 45 through 58	6,194,879.	59	6,585,894.	
Liabilities	60 Accounts payable and accrued expenses	922,965.	60	845,476.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 12)	NONE	65	3,082.
	66 Total liabilities. Add lines 60 through 65	922,965.	66	848,558.
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	4,962,249.	67	5,490,620.
	68 Temporarily restricted	182,101.	68	119,152.
	69 Permanently restricted	127,564.	69	127,564.
	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 and column (B) must equal line 21)	5,271,914.	73	5,737,336.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,194,879.	74	6,585,894.	

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b X
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 b 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 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE
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 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 79
91 a The books are in care of DONNA DOUTHIT Telephone no. 816-468-0400
Located at 3100 NE 83RD STREET KANSAS CITY, MO ZIP + 4 64119
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)? 91b X
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.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See 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 DEPT MENTAL HEALTH					2,166,277.
b CNTY MENTAL HEALTH					3,421,700.
c THIRD PARTY PAYERS					856,063.
d					
e					
f Medicare/Medicaid payments					3,799,795.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	86,688.	
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			18	60,637.	
101 Net income or (loss) from special events			01	5,676.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER INCOME			01	142,602.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				295,603.	10,243,835.
105 Total (add line 104, columns (B), (D), and (E))					10,539,438.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).
93	RECEIPTS FOR PROVIDING MENTAL HEALTH SERVICES THROUGH
A-C	CONTRACTS WITH MENTAL HEALTH PROVIDERS AND DIRECTLY TO
& F	THE PUBLIC.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No
N/A

Please 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 _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	BKD, LLP 120 WEST 12TH STREET, SUITE 1200 KANSAS CITY, MO 64105-1936		EIN 44-0160260 Phone no. 816 221-6300

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2006

Name of the organization

TRI-COUNTY MENTAL HEALTH SERVICES INC

Employer identification number

43-1556416

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
SEE STATEMENT 19				
Total number of other employees paid over \$50,000 . . ▶	9			

Part II-A 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
SEE STATEMENT 20		
Total number of others receiving over \$50,000 for professional services ▶	12	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 21		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

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

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities, compensation, grants, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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.)
- 11 a 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.)
- 11 b 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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.

Table with columns for Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, and (e) Total. Rows include items 15 through 28, covering various income and support categories.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(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?		
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.) ----- ----- -----		
34 a	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 10 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, demonstrations, seminars, and Total lobbying expenditures.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

TRI-COUNTY MENTAL HEALTH SERVICES INC

Employer identification number

43-1556416

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization **TRI-COUNTY MENTAL HEALTH SERVICES INC**

Employer identification number
43-1556416

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		261,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		21,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

SCHOLARSHIPS
FORM 990 SCHEDULE A PART III LINE 3A

TRI-C TRUST
TRI-COUNTY MENTAL HEALTH SERVICES, INC.
DR. NICOLA KATF SCHOLARSHIP FUND

SCHOLARSHIPS ARE OFFERED THROUGH THE TRI-C TRUST ENDOWMENT FUND FOR TRI-COUNTY MENTAL HEALTH SERVICES, INC. EMPLOYEES PURSUING EDUCATION IN THE BEHAVIORAL HEALTH FIELD.

DR. NICOLA KATF SCHOLARSHIPS ARE TO BE AWARDED TO OUTSTANDING EMPLOYEES IN THE AREAS OF COUNSELING, COMMUNITY SUPPORT, ADDICTION, PSYCHIATRIC NURSING, OR YOUTH SERVICES. FINANCIAL NEED SHOULD NOT BE A CONSIDERATION. THE SCHOLARSHIPS ARE TO SERVE AS REWARDS FOR INDIVIDUALS WHO HAVE SHOWN LEADERSHIP QUALITIES IN THEIR COMMUNITY AND CAREER FIELD, WHO WILL IN TURN INFLUENCE OTHERS TO CREATE A BETTER WORLD. EMPLOYEES WHO RECEIVE THESE SCHOLARSHIPS SHOULD FEEL VERY HONORED FOR THEIR PERFORMANCE AND AGREE TO DEMONSTRATE A RESPONSIBILITY OF CONTINUED DEDICATION TO THE FIELD OF MENTAL HEALTH.

SCHOLARSHIPS ARE MADE POSSIBLE BY GIFTS GIVEN IN HONOR OF DR. NICOLA KATF.

CRITERIA:

*MUST BE A CURRENT EMPLOYEE OF TRI-COUNTY MENTAL HEALTH SERVICES, INC. AND EMPLOYED FOR AT LEAST ONE YEAR.

*INTEND TO PURSUE COURSE WORK IN THE MENTAL HEALTH FIELD, EITHER AT THE GRADUATE OR UNDERGRADUATE LEVEL AT AN ACCREDITED COLLEGE OR UNIVERSITY.

*IN GOOD STANDING WITH THE AGENCY

*RECEIVE A WRITTEN RECOMMENDATION FROM MANAGER

*RECEIVE A LETTER OF RECOMMENDATION FROM ONE OF THE FOLLOWING: A COMMUNITY LEADER, PEER, PROFESSIONAL ORGANIZATION OR COLLEGE COUNSELOR/PROFESSOR

SELECTION PROCESS:

APPLICATIONS FORMS MAY BE OBTAINED FROM THE EXECUTIVE ASSISTANT OR THE HR

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

MANAGER., A TRANSCRIPT SHOWING SUCCESSFUL COMPLETION OF COURSE WORK MAY BE REQUESTED.

APPLICATIONS SHOULD BE RECEIVED BY APRIL 1ST TO BE CONSIDERED FOR THE FALL ACADEMIC YEAR, BUT MAY BE SUBMITTED AT ANY TIME. APPLICATIONS CAN BE SUBMITTED TO THE EXECUTIVE ASSISTANT AT TRI-COUNTY, WHO WILL FACILITATE THE PROCESS WITH THE EXECUTIVE TEAM. THE EXECUTIVE TEAM WILL DETERMINE THE AMOUNT AND NUMBER OF AWARDS TO BE GIVEN FOR THE YEAR.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

DEPRECIABLE ASSETS
 PART IV LINE 57

	COST	ACCUM DEPREC
	-----	-----
LAND AND LAND IMPROVEMENTS	154,712	NA
BUILDINGS	2,112,413	791,407
EQUIPMENT	963,232	617,711
FURNITURE AND FIXTURES	338,758	268,860
VEHICLES	85,678	62,359
	-----	-----
TOTALS	3,654,793	1,740,337

FORM 990, PART I - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
ANNUAL DINNER	6,966.

TOTAL	6,966.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
ANNUAL DINNER	8,514.	2,838.	5,676.
TOTALS	----- 8,514.	----- 2,838.	----- 5,676.
	=====	=====	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAINS	153,922.

TOTAL	153,922.
	=====

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE
 =====

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
TOM CRANSHAW		
COMPENSATION:	91,699.	42,149.
CONTRIBUTIONS TO BENEFIT PLANS:	6,686.	3,073.
EXPENSE ACCOUNT:	6,108.	2,808.
JOANN WERNER		
COMPENSATION:	61,421.	28,232.
CONTRIBUTIONS TO BENEFIT PLANS:	2,027.	931.
EXPENSE ACCOUNT:	1,213.	557.
DONNA DOUTHIT		
COMPENSATION:	50,535.	23,228.
CONTRIBUTIONS TO BENEFIT PLANS:	3,750.	1,723.
EXPENSE ACCOUNT:	1,172.	539.
DR GRANT PIEPERGERDES		
COMPENSATION:	109,069.	50,133.
CONTRIBUTIONS TO BENEFIT PLANS:	5,677.	2,609.
EXPENSE ACCOUNT:	5,138.	2,362.
RICHARD ODIAM		
COMPENSATION:	42,716.	19,634.
CONTRIBUTIONS TO BENEFIT PLANS:	3,586.	1,649.
EXPENSE ACCOUNT:	291.	134.
TOTALS	----- 391,088. =====	----- 179,761. =====

FORM 990, PART II - OTHER EXPENSES
 =====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
RECRUITING	9,146.		9,146.	
TRANSPORTATION	25,854.	23,716.	2,138.	
INSURANCE	56,157.	25,883.	30,274.	
DUES & SUBSCRIPTIONS	20,007.	681.	19,326.	
GENERAL CLINICAL	6,146,249.	6,146,249.		
OPERATING EXPENSE	106,848.	57,097.	49,751.	
OTHER PROFESSIONAL FEES	104,800.	97,531.	7,269.	
ADVERTISING	6,788.	120.	6,668.	
MISCELLANEOUS	45,888.	21,979.	23,909.	
FUNDRAISING	14,712.			14,712.
TOTALS	6,536,449.	6,373,256.	148,481.	14,712.
	=====	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TRI-COUNTY MENTAL HEALTH SERVICE, INC IS A NOT-FOR-PROFIT ORGANIZATION WHOSE MISSION AND PRINCIPAL ACTIVITIES ARE TO PROVIDE BEHAVIORAL HEALTH CARE TO INDIVIDUALS AND FAMILIES RESIDING IN THE CLAY, PLATTE, AND RAY COUNTIES IN THE STATE OF MISSOURI.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CASH AND CASH EQUIVALENTS	111,261.	114,861.
GOVERNMENT OBLIGATIONS	72,887.	122,818.
CORPORATE BONDS	265,288.	217,939.
EQUITY SECURITIES	225,567.	258,532.
EQUITY MUTUAL FUNDS	810,448.	1,013,271.
	-----	-----
TOTALS	1,485,451.	1,727,421.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED COMP PLAN FUND	NONE	3,082.
DUE FROM AFFILIATES	NONE	30,622.
ENDOWMENT FUND	309,665.	246,716.
	-----	-----
TOTALS	309,665.	280,420.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED COMPENSATION	NONE	3,082.
TOTALS	NONE	3,082.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENT DIRECT EXPENSES	2,838.

TOTAL	2,838.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENT DIRECT EXPENSES	2,838.

TOTAL	2,838.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
TAMMY GLICK 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	CHAIR 1.00	NONE	NONE	NONE
SUE GONNERMAN 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	VICE-CHAIR 1.00	NONE	NONE	NONE
LOIS BURNHAM 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	SECRETARY 1.00	NONE	NONE	NONE
LOYD GENTRY 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	TREASURER 1.00	NONE	NONE	NONE
JIM BOULDEN 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER 1.00	NONE	NONE	NONE
TOM BRUSNAHAN	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119				
TERRY EDWARDS 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER 1.00	NONE	NONE	NONE
DOUG GENTRY 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER 1.00	NONE	NONE	NONE
JANICE MYERS 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER 1.00	NONE	NONE	NONE
SALLY NANCE 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER 1.00	NONE	NONE	NONE
DAVID PENNY 3100 NE 83RD STREET 1001	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
KANSAS CITY, MO 64119				
FRANK THOMPSON 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER 1.00	NONE	NONE	NONE
FELICIA TYRRELL 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER 1.00	NONE	NONE	NONE
PHIL WILLOUGHBY 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER 1.00	NONE	NONE	NONE
MALCOLM T WILSON 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER 1.00	NONE	NONE	NONE
TOM CRANSHAW 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	CEO 40.00	133,848.	9,759.	8,916.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
JOANN WERNER 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	ASSOC DIRECTOR 40.00	89,653.	2,958.	1,770.
DONNA DOUTHIT 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	CFO 40.00	73,763.	5,473.	1,711.
DR GRANT PIEPERGERDES 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	SR PSYCHIATRIST 40.00	159,202.	8,286.	7,500.
RICHARD ODIAM 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	OP SERVICES MGR 40.00	62,350.	5,235.	425.
GRAND TOTALS		518,816.	31,711.	20,322.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
PARIMAL PUROHIT 3100 NE 83RD ST KANSAS CITY, MO 64119	STAFF PSYC 40.00	156,146.	8,171.	4,629.
ZAFAR MAHMOOD 3100 NE 83RD ST KANSAS CITY, MO 64119	STAFF PSYC 40.00	132,767.	2,191.	5,000.
BARB BECKER 3100 NE 83RD ST KANSAS CITY, MO 64119	IS MANAGER 40.00	67,791.	5,459.	1,068.
TRACY OBERMIER 3100 NE 83RD ST KANSAS CITY, MO 64119	RN 40.00	61,675.	4,986.	NONE
MARY CHANCE 3100 NE 83RD ST KANSAS CITY, MO 64119	APN 40.00	88,425.	3,777.	1,284.
	TOTAL COMPENSATION	----- 506,804. =====	----- 24,584. =====	----- 11,981. =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

MENTAL HEALTH RESOURCES 2103 SWIFT NORTH KANSAS CITY, MO 64116	ADULT COMM. SUPPORT	1,016,665.
SKYLANDER PSYCHOLOGICAL SERVICES 2103 SWIFT NORTH KANSAS CITY, MO 64116	ADULT COMM SUPPORT	449,355.
ADDICTION RECOVERY 2103 SWIFT NORTH KANSAS CITY, MO 64116	ADDICTION COUNSELING	759,198.
INNOCENT ANYA MD 2103 BURLINGTON NORTH KANSAS CITY, MO 64116	MEDICAL SERVICES	329,396.
WILLOWBROOK 2103 SWIFT NORTH KANSAS CITY, MO 64116	YOUTH COMM SUPPORT	506,006.

TOTAL COMPENSATION

3,060,620.
=====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

DR BELL ENTERPRISES	CLEANING AND MAINT	117,435.
PO BOX 281		
EXCELSIOR SPRINGS, MO 64024		
	TOTAL COMPENSATION	----- 117,435. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990, PART V

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

2006

Name of estate or trust

Employer identification number

TRI-COUNTY MENTAL HEALTH SERVICES INC

43-1556416

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1						
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet					4 ()
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below					5

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6	SEE STATEMENT 1			224,607.	163,970.	60,637.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9	Capital gain distributions					9
10	Gain from Form 4797, Part I					10
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet					11 ()
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below					12 60,637.

Part III Summary of Parts I and II

Caution: Read the instructions **before** completing this part.

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)			
14 Net long-term gain or (loss):			
a Total for year	14a		60,637.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36)	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		60,637.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2006

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:
a The loss on line 15, column (3) **or**
b \$3,000

16	()
-----------	-----

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

Note: If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.

17 Enter taxable income from Form 1041, line 22	17		
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	19		
20 Add lines 18 and 19	20		
21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21		
22 Subtract line 21 from line 20. If zero or less, enter -0-	22		
23 Subtract line 22 from line 17. If zero or less, enter -0-	23		
24 Enter the smaller of the amount on line 17 or \$2,050	24		
25 Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26 Subtract line 25 from line 24	26		
27 Multiply line 26 by 5% (.05)	27		
28 Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 through 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28		
29 Enter the amount from line 26 (If line 26 is blank, enter -0-)	29		
30 Subtract line 29 from line 28	30		
31 Multiply line 30 by 15% (.15)	31		
32 Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions	32		
33 Add lines 27, 31, and 32	33		
34 Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions	34		
35 Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041	35		

