Form	990
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Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

Inte	rnal Reve	nue Service do to www.ii3.gov/i of iii30 do to and	the fatest in		Inspection
Α	For the	e 2022 calendar year, or tax year beginning and	d ending		
В	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	e Mental Health America, Inc.			
	Name	Doing business as		13-161490)6
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		820	(703) 684	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,610,500.
	Amen return	Alexandria, VA 22314		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: EIIZaDECII SCIIDIII	g	for subordinates?	? Yes 🔀 No
	pendi	same as C above		H(b) Are all subordinates ind	cluded? Yes No
1	Tax-ex	empt status: 🚺 501(c)(3) 501(c) () (insert no.) 4947(a)(1)) or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		f organization: 🚺 Corporation Trust Association Other	L Year	of formation: 1950 M	I State of legal domicile: NY
Ρ	art I	Summary		.	
٩	, 1	Briefly describe the organization's mission or most significant activities: Ment	al Hea	<u>lth America</u>	- founded
		in 1909 - advances the mental health and			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispo	osed of more		
Š	3				22
ې د	8 4	Number of independent voting members of the governing body (Part VI, line 1b) $% \left(1-\frac{1}{2}\right) =0$			22
u d	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			47
Ĭ	6	Total number of volunteers (estimate if necessary)			49
4ct	6 7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
٩	8	Contributions and grants (Part VIII, line 1h)		<u>9,143,911.</u> 406,499.	6,492,813.
Revenue	9	Program service revenue (Part VIII, line 2g)		285,007.	<u>508,101.</u> 173,820.
a B B	5 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		272,649.	258,513.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,108,066.	7,433,247.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		178,190.	1,242,722.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		3,960,554.	5,098,970.
a a a	15	Salaries, other compensation, employee benefits (Part 1X, column (A), lines 5-10)		0.	0.
Fynenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 846,7	37.	0.	•
Ц.		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,193,193.	2,593,315.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,331,937.	8,935,007.
		Revenue less expenses. Subtract line 18 from line 12		3,776,129.	-1,501,760.
7	51 51		Be	ginning of Current Year	End of Year
ets (법 전 20	Total assets (Part X, line 16)		14,195,480.	12,944,250.
Net Assets or	21	Total liabilities (Part X, line 26)		1,074,327.	2,303,942.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		13,121,153.	10,640,308.
P	art II	Signature Block			
Un	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and stateme	ents, and to the best of mv	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of w			- /
		Plincheth Stribbing		11/2/23	
Sig	ın	Signature of officer		Date	
He	-	Elizabeth Stribling, President/Chief Exec	cutive	Officer	

Here	EIIZabet	, printing, P	lesident/chier	Executive	OLLIGET			
	Type or print na	me and title		2				
	Print/Type prepa	arer's name	Prevarer's signature	1 /)	Date	Check	PTIN	
Paid	Allison	Parsons	AMU M	fn	11/2/2023	self-employed	P0151944	4
Preparer	Firm's name	Citrin Cooperma	an Advisors LLC		Firm's	SEIN 87-	2525370	
Use Only	Firm's address	3998 Fair Ridg	e Dr Suite 360					
		Fairfax, VA 22	033		Phone	e no.703-	281-4880	
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

See Schedule O for Organization Mission Statement Continuation

Form	990 (2022) Mental Health America, Inc.	13-1614906	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. X
1	Briefly describe the organization's mission:		
	Mental Health America - founded in 1909 - advances the	mental health	
	and well-being of all people living in the U.S. through		
	education, research, advocacy and public policy, and di		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of		d
	revenue, if any, for each program service reported.	,	-
4a	(Code:) (Expenses \$ 2,054,937. including grants of \$ 60,425.) (Reference of the second	evenue \$ 253,8	365.)
	Public Education: MHA provides education to individuals	with mental	,
	health concerns, their supporters, and their providers		3
	range of culturally responsive tools throughout the year		
	education campaigns include Mental Health Month, BIPOC		
	Month, and Back to School for youth, their parents, and		
	Education campaigns include resources for community or		
	direct education for individuals in need, media campaig		IS
	through webinars and training, and social media activit		<u>, </u>
	signature programs reach millions of people annually.		44
	offers a free, anonymous screening tool where nearly 15		
	day can educate themselves on their own mental health a		
	their recovery. MHA also provides education and support		
4b	1 000 000 000 000 110		094.)
40	Constituency Services: MHA supports a national network)
	community-based organizations providing mental health s		
	information and referral services, psychosocial service		
	and advocacy. By providing technical assistance, training		
	opportunities, and content to affiliates and similar or		ИНА
	supports a national effort to provide high-quality, cul		
	responsive mental health services for individuals in ne		
	country.	ica acrobb che	
4c	(Code:) (Expenses \$1,729,795. including grants of \$772,812.) (Ref. (Code:)) (Expenses \$) (Ref. (Code:)) (Expenses \$) (Expense \$) (Ex	evenue \$ 26,3	321.)
	Research: MHA is a leader in conducting population heal		/
	patient-participatory research to improve the mental he		
	individuals across the US. MHA uses a database of over		
	health screens to issue reports to inform public policy		
	decision-making, validate screening tools, conduct rese		
	evidence-based online interventions, research links to		
	communities, and provide a free database of mental heal		
	information by location and condition for use by policy		
	researchers, and the general public. MHA also issues of		nd
	analyses of mental health trends and statistics in the		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 1,707,057 • including grants of \$ 107,042 •) (Revenue \$	96,076.)	
4e	Total program service expenses 7,297,997.		

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See Schedule O for Continuation(s)

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Form 990 (2022)Mental Health America, Inc.Part IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		77	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u></u>
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	114	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			х
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
, I	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes." <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27		183	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	
232004	↓ 12-13-22			(2022)
				,

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Par						0
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	-	4a		Х
b	If "Yes," enter the name of the foreign country	,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FB	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?	3		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provide	d to the pavor?	7a	Х	
				7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	to file Form 8282?	lo roquirou		7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	· · · · · · · · · · · · · · · · · · ·		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	-		76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ŭ	energy are primited by a success business beldings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.			8		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:			0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
		· · · ·		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form 990	(2022)
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Mental Health America, Inc.

Check if Schedule O contains a response or note to any line in this Part VI

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
			<u> </u>	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5	v	_ <u> </u>
6 7-	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7-	х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, si			<u>7a</u>	<u>л</u>	
b				7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			70		- 23
a	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00		
Ũ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code)	Ŭ		
		<u>venue (</u>	50000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," de	scribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	in a	40		v
	taxable entity during the year?			<u>16a</u>		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is is in the second table of ta					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			104		
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filedAL , AK , AZ , AR , C	'A ()		TT.	тм	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, al					
10	for public inspection. Indicate how you made these available. Check all that apply.	10 000	1 (0001001001(0)(0)8	(Siny)	avanal	510
	X Own website X Another's website X Upon request Other (explain	n on Sal	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	finano	cial	
	statements available to the public during the tax year.		and pointy, and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records			
	Jessica Kennedy, Chief Strategy & Finance Officer -					
	500 Montgomery Street, No. 820, Alexandria, VA 223					
232006	See Schedule O for full list of states			Form	990	(2022)
	8					,

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Part VII	Со	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless person		rson i	s both	n an	compensation	compensation	amount of	
	week		officer and a director/trustee)		from	from related	other			
	(list any	irecto	recto		the	organizations	compensation			
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	ndividual trustee or director	nstitutional trustee	ž	mplo	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			-
(1) Schroeder Stribling	45.00									
President/CEO				Х				323,828.	0.	50,198.
(2) Mary Giliberti	45.00									
Chief Public Policy Officer						X		216,909.	0.	53,512.
(3) Frederick M King	45.00									
Executive VP of Office Services & Hu					Х			209,680.	0.	25,500.
(4) Stuart Allen	45.00									
Chief Marketing and Advancement Offi						X		217,972.	0.	12,569.
(5) Jessica Kennedy	45.00									
Chief Strategy & Finance Officer				Х				209,426.	0.	19,898.
(6) Theresa Nguyen	45.00									
Chief Research Officer					Х			170,813.	0.	20,678.
(7) Debra Plotnick	45.00									
Executive VP of State and Federal Ad						X		134,624.	0.	30,140.
(8) Valerie Hairston Sterns	45.00									
Executive VP, Affiliate Network						X		137,038.	0.	21,670.
(9) Nathaniel Counts	45.00									
Senior VP of Behavioral Health Innov						X		141,085.	0.	10,912.
(10) Jennifer Bright	5.00									-
Chair of the Board		Х		Х				0.	0.	0.
(11) Peter Carson	3.00								•	•
Immediate Past Chair		Х		Х				0.	0.	0.
(12) Pierluigi Mancini	5.00								0	0
Chair-Elect	2.00	Х		X				0.	0.	0.
(13) Kana Enomoto	3.00							0	0	0
Secretary/Treasurer	2 00	Х		Х				0.	0.	0.
(14) Ben Harrington	3.00	77		77				0	0	0
Vice-chair, Affiliate Relations	2 00	Х		Х				0.	0.	0.
(15) Jen Madsen	3.00	37		37				0	0	0
Vice-chair, Public Policy	2 00	Х		Х				0.	0.	0.
(16) Clare Miller	3.00	37		37					0	<u>^</u>
Vice-chair, Marketing & Development	2 00	Х		Х		-		0.	0.	0.
(17) Russ Petrella	3.00	77		77					0	<u>م</u>
Executive Committee Member at Large		Х		Х				0.	0.	<u> </u>
232007 12-13-22					、					Form 990 (2022)

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Form 990 (2022) Mental He	ealth Am	ner	ic	a,	I	nc	•		13-161	4906	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Posi		l than c	ne	Reportable	Reportable	Estir	mated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amo	unt of
	week		cer an	d a di	recto	r/trust	ee)	from	from related		her
	(list any	recto						the	organizations		ensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)		n the
	organizations	ustee	trust		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	-	nization related
	below	lual tr	tional		vold	st con yee	_	1033-1120)			izations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	2010110
(18) Aimee Falchuk	3.00	_		0	X	<u> </u>					
Committee Chair		х		х				0.	0	•	0.
(19) Courtney Lang	3.00										
Committee Chair		Х		Х				0.	0	•	0.
(20) Laura Bay	1.00										
Director		Х						0.	0	•	0.
(21) John Boyd	1.00										
Director		Х						0.	0	•	0.
(22) Bonnie Cook	1.00										
Director		Х						0.	0	•	0.
(23) Robert N. Davison	1.00								_		
Director	1 00	х						0.	0	•	0.
(24) Lacy Dicharry	1.00								•		0
Director (25) Jenifer Holland	1.00	Х						0.	0	•	0.
Director	1.00	x						0.	0		0.
(26) Dwight Hollier	1.00	Δ						0.		•	0.
Director	1.00	x						0.	0		0.
dh. Cubbabal								1,761,375.			,077.
c Total from continuation sheets to Part VI								0.		• •	0.
d Total (add lines 1b and 1c)							•	1,761,375.			,077.
2 Total number of individuals (including but n) wh	0 re	, ,		• 245	,011.
compensation from the organization		000	noto	u ub	.010	,	010				9
										Y	'es No
3 Did the organization list any former officer	director, trust	ee, k	key e	mpl	oyee	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual		. 4	x
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	om	any	unre	late	ed organization or individ	lual for services		
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ich r	berse	on .				. 5	X
Section B. Independent Contractors	•										
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comper	sation from	ı
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wit	hin	the organization's tax ye	ear.		
(A)								(B)		(C)	
Name and business							_	Description of s	ervices	Compens	ation
Hyatt Regency Washington								2022 Annual		250	405
400 New Jersey Avenue, NW							_	Conference	1	358	<u>,495.</u>
Cornerstone Government Af				-				Government re	elations	1 4 17	000
Main Avenue SW, 7th Floor	r, washi	ng	τοı	n,	D	C		consulting		14/	,000.
Freeman	7 7 5 7 7 7							2022 Annual		1 2 2	220
PO Box 734596, Dallas, TX	155/5						-	Conference		133	<u>,238.</u>
							+				
2 Total number of independent contractors (including but not limited to those listed above) who received more than											
\$100,000 of compensation from the organi	•				3			- 			
See Part VII, Sectior		in	ua	ti	on	s	he	ets		Form 99	90 (2022)

232008 12-13-22

Form 990 Mental He									13-161	4906
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est		, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	J J		Position (check all that apply)					Reportable	Reportable	Estimated
	hours	(C	hecł T	all	that	app	ly)	compensation	compensation from related	amount of other
	per week					e		from the	organizations	compensation
	(list any	ctor				voldu		organization	(W-2/1099-MISC)	from the
	hours for	ır dire				ted er		(W-2/1099-MISC)		organization
	related	stee c	truste		æ	pensa				and related
	organizations	al tru	ional t		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Gustavo Loera	1.00	-	-	0	×	- ⁻	Ē			
Director	1.00	х						0.	0.	0
(28) Sarah Griffith Lund	1.00									0
Director		х						0.	0.	0
(29) Art McCoy	1.00									
Director		х						0.	0.	0
(30) Keris Myrick	1.00									
Director		х						0.	0.	0
(31) Jason Qu	1.00									
Director		Х						0.	0.	0
(32) Tom Starling	3.00			37					0	0
Outgoing Past Chair through 06/15/22 (33) Marie Morilus-Black	1 00	Х	-	Х				0.	0.	0
(33) Marie Moriius-Black Director through 06/15/22	1.00	x						0.	0.	0
(34) Amy Kennedy	1.00	^			-			0.	0.	0
Director through 06/15/22	1.00	x						0.	0.	0
									0.	0
		1								
		1								
		1								
							_			
Total to Part VII, Section A, line 1c										

232201 04-01-22

Pa	rt VII	Statement of Re	evenue						
		Check if Schedule O	contains a resp	onse o	r note to any lin		(D)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a		31,011.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b						
Å,G	с	Fundraising events	1c						
ar /	d	Related organizations	1d						
imil	е	Government grants (contr	ributions) 1e		272,275.				
tion S	f	All other contributions, gifts,	grants, and	_					
ibut		similar amounts not included			189,527.				
id O	g	Noncash contributions included in	lines 1a-1f 1g	\$	118,718.	c			
<u> </u>	h	Total. Add lines 1a-1f		<u></u>		6,492,813.			
		a	~ ·	-	Business Code				
e Ce	2 a	Constituency		5	621330	260,704.	260,704.		
er v	b	Public Educat			621330	125,000.	125,000.		
n S /eni	c	Policy/Advoca	lcy		621330 621330	96,076. 26,321.	96,076. 26,321.		
jrar Be∖	d	Research			021330	20,321.	20,321.		
Program Service Revenue	e								
	•	All other program service		-		508,101.			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (include				500,101.			
	5					172,920.			172,920.
	4	Income from investment of							
	5	Royalties				113,258.			113,258.
	-		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	с		6c						
	d	Net rental income or (loss	s) <u></u>						
	7 a	Gross amount from sales of			(ii) Other				
		assets other than inventory	7a104,1	50.					
	b	Less: cost or other basis							
en		and sales expenses	7ь103,2						
Revenue	С	Gain or (loss)	7c 9	00.					
		Net gain or (loss)				900.			900.
Other	8 a	Gross income from fundraisi	ing events (not						
δ			of						
		contributions reported on	,						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from	0						
	9 a	Gross income from gamin							
	h	Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from Gross sales of inventory,		JS					
	10 a	and allowances		100	219,258.				
	h	Less: cost of goods sold			74,003.				
		Net income or (loss) from				145,255.	145,255.		
				, y	Business Code				
sno	11 a			ŀ					
nec	b								
ella ver	c								
Miscellaneous Revenue	d	All other revenue							
Σ		Total. Add lines 11a-11d		_					
	12	Total revenue. See instruction				7,433,247.	653,356.	0.	287,078.
23200	9 12-13								Form 990 (2022)

Mental Health America, Inc.

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 Form 990 (2022)
 Mental Health America, Inc.

 Part IX
 Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl			ipiele column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1,242,722.	1,242,722.		
-	and domestic governments. See Part IV, line 21	1,242,722.	1,242,722.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 0 2 0 0 2 1	810,963.	83,501.	125 557
-	trustees, and key employees	1,030,021.	010,903.	03,301.	135,557.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,317,558.	2,612,002.	268,946.	436,610.
7	Other salaries and wages	3,317,330.	2,012,002.	200,940.	430,010.
8	Pension plan accruals and contributions (include	105 000	02 260	0 501	12 026
~	section 401(k) and 403(b) employer contributions)	<u>105,889</u> . 353,274.	83,369. 278,142.	<u>8,584</u> . 28,639.	13,936.
9	Other employee benefits	292,228.	230,079.	28,639.	<u>46,493.</u> 38,459.
10	Payroll taxes	474,440.	430,019.	43,090.	30,439.
11	Fees for services (nonemployees):				
	Management	3,486.	3,486.		
		30,050.	30,050.		
	Accounting	152,250.	152,250.		
	Lobbying	132,230.	132,230.		
	Professional fundraising services. See Part IV, line 17	29,685.		29,685.	
f	Investment management fees	29,005.		29,005.	
g	Other. (If line 11g amount exceeds 10% of line 25,	673,832.	561,375.	64,247.	48,210.
40	column (A), amount, list line 11g expenses on Sch 0.)	42,136.	42,136.	01,21/.	40,210.
12	Advertising and promotion	29,466.	23,414.	3,841.	2,211.
13	Office expenses	52,384.	40,485.	7,321.	4,578.
14	Information technology	52,504.	40,403.	7,521.	=,570•
15	Royalties	208,377.	160,450.	31,257.	16,670.
16 17	Occupancy Travel	337,592.	221,865.	98,922.	16,805.
18	Travel Payments of travel or entertainment expenses	557,552.	221,005.	50,522.	10,005.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	513,291.	424,333.	81,006.	7,952.
20		010,1010	121/0001	01,0001	,,,,,,,,
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	132,437.	101,976.	19,866.	10,595.
23	Insurance	113,670.	87,525.	17,051.	9,094.
24	Other expenses. Itemize expenses not covered		,		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Dues and subscriptions	176,371.	124,522.	16,777.	35,072.
b	Printing and design	95,212.	94,143.	286.	783.
c	Postage and shipping	77,079.	46,713.	6,654.	23,712.
d	COGS Reported Part VIII	-74,003.	-74,003.		·
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,935,007.	7,297,997.	790,273.	846,737.
26	Joint costs. Complete this line only if the organization		. ,	· · ·	· ·
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
23201	0 12-13-22				Form 990 (2022)
		1 2			-

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Net Assets or Fund Balances

27

28

29

30

31

32

33

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

9,727,388.

3,393,765.

13,121,153.

14,195,480.

27

28

29

30

31

32

33

Mental Health America, Inc. Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

10,640,308.

Form 990 (2022)

12,944,250.

8,823,207.

1,817,101.

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			661.	1	966.
	2	Savings and temporary cash investments			6,333,466.	2	5,640,205.
	3	Pledges and grants receivable, net			1,665,128.	3	223,928.
	4	Accounts receivable, net		466,630.	4	323,470.	
	5	Loans and other receivables from any current or		,	-		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqualit	•			J	
	ľ	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			43,398.	8	52,061.
Ass	9	_			141,510.	9	135,727.
	-	Land, buildings, and equipment: cost or other	I I			Ū	
	100	basis. Complete Part VI of Schedule D	10a	1,162,598,			
	Ь	Less: accumulated depreciation		774,338.	512,882.	10c	388,260.
	11	Investments - publicly traded securities	5,028,891.	11	388,260. 5,378,761.		
	12	Investments - other securities. See Part IV, line 1		-,	12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,914.	15	800,872.	
	16	Total assets. Add lines 1 through 15 (must equ			14,195,480.	16	12,944,250.
	17	Accounts payable and accrued expenses			403,967.	17	425,368.
	18	Grants payable				18	
	19	Deferred revenue			12,292.	19	52,508.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to any current or form	ner officer	, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
abil		controlled entity or family member of any of thes	se person	s		22	
Ľ	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X			
		of Schedule D			658,068.	25	1,826,066.
	26	Total liabilities. Add lines 17 through 25			1,074,327.	26	2,303,942.
		Organizations that follow FASB ASC 958, che		X			

	<u>1990 (2022)</u> Mental Health America, Inc.	13-	16149	906	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,433</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,935		
3	Revenue less expenses. Subtract line 2 from line 1	3		,501		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,121		
5	Net unrealized gains (losses) on investments	5	-	-979),0	85.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	,640),3	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		L
					000	

Form **990** (2022)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Name	Name of the organization Employer identification number										
		Ment	al Health ä	America, Inc	•			1	3-1614906		
Par	:1	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	gani	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck 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 (Form 990).)									
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 gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	-					e general i	oublic described in		
		section 170(b)(1)(A)(vi). (C	-		U U			•			
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org			-	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
		university:						-			
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem									
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11 [An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3).	Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ctions A and B.							
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .				
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III			
		functionally integrated, or	r Type III non-functior	nally integrated supportion	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information		d organization(s). (iii) Type of organization	(iv) Is the oroz	inization listed	(1) Amount of				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No					
Total									1		

Part II

(Form 990) 2022 Mental Health America, Inc. 13-1614 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.")	3525010.	4057175.	7258618.	9143911.	6492813.	30477527.	
2	Tax revenues levied for the organ-							
	ization'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							
	Total. Add lines 1 through 3	3525010.	4057175.	7258618.	9143911.	6492813.	30477527.	
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)						3336931.	
	Public support. Subtract line 5 from line 4.						27140596.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		
	Amounts from line 4	3525010.	4057175.	7258618.	9143911.	6492813.	30477527.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	200 212	105 510	102 207	261 712	206 170	1015101	
	and income from similar sources	288,313.	195,510.	183,387.	261,713.	286,178.	1215101.	
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 VI.)						21602620	
	Total support. Add lines 7 through 10		<u> </u>				31692628.	
	Gross receipts from related activities,		,				,333,587.	
13	First 5 years. If the Form 990 is for th	-		-				
Sor	organization, check this box and stor ction C. Computation of Publi							
			-			14	85.64 %	
	Public support percentage for 2022 (I					14	85.64 % 86.65 %	
	Public support percentage from 2021 33 1/3% support test - 2022. If the o							
104	stop here. The organization qualifies						V	
Ь	33 1/3% support test - 2021. If the c		•		lino 15 is 33 1/304			
, N	and stop here. The organization qual							
17-	10% -facts-and-circumstances test		•••		12 162 or 16b			
17 a	and if the organization meets the facts							
	meets the facts-and-circumstances te			-	•	•		
Ь	10% -facts-and-circumstances test	0	•		•	7a and line 15 is		
U	more, and if the organization meets th	-						
	organization meets the facts-and-circu							
18	-				• •			
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

232022 12-09-22

	line 18 is not more that
20	Private foundation.
23202	3 12-09-22

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Schedule A (F	Form 990)	2022	Mental	Health	America,	Inc.
Part III S	Support	Schedule	for Organiza	itions Desc	ribed in Secti	ion 509(a)(2)

13-1614906 Page 3

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		•	•	•	•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 %						
19a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						nd
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
23202	23 12-09-22					Schedule A	(Form 990) 2022

18

Mental Health America, Inc. Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Schedule A (Form 990) 2022

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

19

9b 9c 10a 10b Schedule A (Form 990) 2022 2022.05000 MENTAL HEALTH AMERICA, IN 185311_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Yes No

Sche	dule A	A (Form 990) 2022 Menual Health America, Inc.	13-101490	0 Pa	age 5
Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	erson who directly or indirectly controls, either alone or together with persons described on lines 11b	and		
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	mily member of a person described on line 11a above?	11b		
с	A 35	5% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c	, provide		
		_{ill in} Part VI.	11c		
Sect	tion	B. Type I Supporting Organizations			
				Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>a. or controllea i</u>	the supporting or	janization.
Section C. T	ype II Suppo	orting Organi	zations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D	. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

20

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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1

2

1

Yes No

Schedule A (Form 990) 2022

232025 12-09-22

1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022Mental Health America, Inc.Part VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

13-1614906 Page 6

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

In the second se

2022.05000 MENTAL HEALTH AMERICA, IN 185311_1

I GI	Type in Non Tunctionally integrated cost	allo, oupporting orga	inzations (continu	<u></u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
•	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
0	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, explain in				
	-				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

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Schedule A	(Form 990) 2022	Mental	Health	America,	Inc.	1	3-1614906	Page 8
Part VI	line 1; Part IV, Section A,	tion D, lines 2 and 3;	o, 4c, 5a, 6, 9a, 9 Part IV, Sectior	96, 96, 11a, 11b 1 E, lines 1c, 2a,	, and 11c; Part P 2b, 3a, and 3b;); Part II, line 17a or 17b /, Section B, lines 1 and Part V, line 1; Part V, Se part for any additional ir	ction B, line 1e; Pa	C, rt V,
	(See instructions.)			32, 0, and 0. Al				
32028 12-09-2	2			23		S	chedule A (Form 9	90) 202

223451 11-15-22

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	Mental Health America, Inc.	13-1614906				
Organization type (cheo	-					
Filers of:	Section:					
Form 990 or 990-EZ	\fbox 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					
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.				
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
	ation described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar	9				

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2022)



Department of the Treasury Internal Revenue Service

Name of the organization

Name of organization

Employer identification number

Mental Health America, Inc.

13-1614906 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,166,667. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 411,169. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 227,851. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 226,747. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page 2

223452 11-15-22

Name of organization

Employer identification number

Mental Health America, Inc. 13-1614906 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 205,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 150,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 140,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for

Schedule B (Form 990) (2022)

noncash contributions.)

Page 2

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13231102 790347 185311

Name of organization

Employer identification number

13-1614906

Mental Health America, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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13231102 790347 185311

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art III Exclusively religious, charitable, etc., contributions to organizations described in section 501(ci7), Rij, or (10) that total me than \$1,000 for the yet organizations contributer. Complete columns (b) through (e) and the libroring (in each tot be obtained in each total biological in the yet or organizations contributer. Complete columns (b) through (e) and the libroring (in each total biological in the yet or organizations contributer. Complete columns (b) through (e) and the libroring (f) the total total in additional biological in the yet organizations contributer. Complete columns (b) through (e) and the libroring (f) through (f) through (f) and through (f) through (f) and through (f) th	ienta [*]	1 Health America. Inc.			13-1614906			
completely prefit, come the total or exclusion register, continuing of \$1,000 or fields for the year, given the intervence, S		Exclusively religious, charitable, etc., contribution			hat total more than \$1,000 for the yea			
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154 11-15-22 Schedule B (Form 990) (2								

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SCHEDULE C	IEDULE C Political Campaign and Lobbying Activities					
(Form 990)	For Org	anizations Exempt From Income	Tax Under section F	501(c) and section 5	97	2022
	-	f the organization is described				Open to Public
Department of the Treasury Internal Revenue Service	epartment of the Treasury					
-		Form 990, Part IV, line 3, or For		e 46 (Political Camp	oaign Ac	ctivities), then
		plete Parts I-A and B. Do not com	•			
		1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pai	t I-B.	
 Section 527 organization 	•	Form 990, Part IV, line 4, or For	m 990-E7 Dart VI lir	ao 47 (Lobbying Act	ivition)	thon
-		have filed Form 5768 (election und			-	
		ave NOT filed Form 5768 (electio	()/	•		
		Form 990, Part IV, line 5 (Proxy				
Tax) (See separate inst	ructions), then					
	, or (6) organizat	ions: Complete Part III.				
Name of organization					Emplo	yer identification number
Deut I A Commi	Mental 1	Health America, I	nc.		7	13-1614906
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) c	or is a section 5	27 orga	anization.
		ation's direct and indirect politica			•	
2 Political campaign					_	
3 Volunteer hours for	political campai					
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
1 Enter the amount o	f any excise tax i	ncurred by the organization unde	r section 4955	-	\$	
2 Enter the amount o	f any excise tax i	ncurred by organization manager	s under section 4955		\$	
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m	ade?					Yes No
b If "Yes," describe in						
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section a	501(c)(3).
		by the filing organization for sect	•		\$_	
	00	zation's funds contributed to othe	er organizations for se	ction 527		
exempt function ac					···· \$_	
•	•	Add lines 1 and 2. Enter here an			۴	
		1120-POL for this year?				Yes No
•••		ployer identification number (EIN)	of all section 527 poli			
		ion listed, enter the amount paid	-	-		
		omptly and directly delivered to a				
political action com	mittee (PAC). If a	additional space is needed, provid	le information in Part I	V.		
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Donorwork Doduct	ion Act Notice	soo the Instructions for Form 99	0 or 990-E7		6-	bodulo C (Earm 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022] Part II-A Complete if the organization of the second seco	Mental Heal	th America,	Inc.	$\frac{13-1}{13-1}$	614906 Page 2
section 501(h)).		inpl under section		a Forni 5766 (ele	ction under
	tion belongs to an af	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	e of excess lobbying	expenditures).			
B Check if the filing organization	tion checked box A a	nd "limited control" pro	visions apply.		
	ts on Lobbying Expe litures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion	(grassroots lobbying)		5,855.	
b Total lobbying expenditures to influ				209,375.	
c Total lobbying expenditures (add lir	-	• • • •		215,230.	
d Other exempt purpose expenditure				7,082,767.	
e Total exempt purpose expenditures				7,297,997.	
f Lobbying nontaxable amount. Ente	r the amount from th	e following table in both	n columns.	514,900.	
If the amount on line 1e, column (a) or	r (b) is: The lo	bbying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,0	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,0	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
				128,725.	
g Grassroots nontaxable amount (en	· ·			128,725.	
 h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero 				0.	
j If there is an amount other than zer		line 11 did the organiza		0.	
reporting section 4911 tax for this				Г	Yes No
		eraging Period Under		L	
(Some organizations th	nat made a section &		nave to complete all o	f the five columns be	low.
	Lobbying Expe	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	373,904.	407,801.	505,603.	514,900.	1,802,208.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,703,312.
c Total lobbying expenditures	3,613.	146,635.	171,805.	215,230.	537,283.
d Grassroots nontaxable amount	93,476	101,950.	126,401.	128,725.	450,552.
e Grassroots ceiling amount (150% of line 2d, column (e))					675,828.
f Grassroots lobbying expenditures	723.	8,940.	1,560.	5,855.	17,078.

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	(b)	
	e lobbying activity.	Yes	Νο	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			- •		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		. 5			
Par	t IV Supplemental Information					
Drovi	de the descriptions required for Part I.A. line 1: Part I.P. line 4: Part I.C. line 5: Part II.A (affiliated group	lict): Dort II A	lines 1 o	ad 0 (Saa		

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.



Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

13-1614906

	Mental Health Amer			13-1614906
Par			Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in don	or advised fund	ls
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds	can be used or	nly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other p	urpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on For	m 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	tion or education)	ation of a histo	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in th	ne form of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	- · · · · · · · · · · ·			2b
	Number of conservation easements on a certified historic structure			2c
	Number of conservation easements included in (c) acquired a			
-				2d
3	Number of conservation easements modified, transferred, rel			
•	year		a by the organi	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
Ŭ	violations, and enforcement of the conservation easements it		•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ		handling of violations, and emotor		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing of	onservation eas	sements during the year
•		and of violations, and officially of		sements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of secti	ion 170(h)(4)(B)((i)
0				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.		Statements the	at describes the
Par		Art. Historical Treasures	. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		ement and hala	ince sheet works
Ĩ	of art, historical treasures, or other similar assets held for put	· •		
	service, provide in Part XIII the text of the footnote to its finar			
h	If the organization elected, as permitted under FASB ASC 95			sheet works of
, N	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research		of public service,
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			
0		acurac, or other similar assots for		
2	If the organization received or held works of art, historical tre		manciai gain, p	JUVILE
_	the following amounts required to be reported under FASB A	-		¢
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	5 TOR FORM 990.		Schedule D (Form 990) 2022
232051	09-01-22	2.2		

3	2					
~		~	-	~	~	~

	dule D (Form 990) 2022 Mental	Health Amer	ica, Inc.			13-16			age 2
Par	t III Organizations Maintaining C						3 (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mal	ke significa	ant use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co		•	-		-	XIII.		
5	During the year, did the organization solicit o			-			-		1
De	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		te if the organizatio	n answered "Yes	on Form	990, Part IV,	line 9, or		
	• •	· ·		41 4-		I			
1a	Is the organization an agent, trustee, custodi		•				7		1
L	on Form 990, Part X?	and complete the fall	ovina toblo:			L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				Amount		
•	Paginning balance					lc	7 thoun		
	Beginning balance Additions during the year					ld			
	Distributions during the year					le			
f	Ending balance					lf			
	Did the organization include an amount on Fe					··	Yes		No
	If "Yes," explain the arrangement in Part XIII.					······	_		1
Par									-
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Th	ree years back	(e) Four	years	back
1a	Beginning of year balance	558,953.	502,772.	464,99	2.	399,247.		417,	537.
b	Contributions								
с	Net investment earnings, gains, and losses	-81,425.	56,181.	37,78	0.	65,745.		-18,	290.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses						<u> </u>		
g	End of year balance	477,528.	558,953.	502,77	2.	464,992.		399,	247.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment100	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered fo	or the		ı	Yes	Na
	organization by:							165	No X
	(i) Unrelated organizations						3a(i)		X
L	(ii) Related organizations	tiona liatad aa raawirr	d an Cabadula D2				3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza						3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		inent lunus.						
	Complete if the organization answere		Part IV. line 11a. S	ee Form 990. Pa	t X. line 10).			
	Description of property	(a) Cost or of			c) Accumu		(d) Bool	c value	
	Description of property	basis (investm	• • •	(other)	depreciat		(u) D001	value	7
1a	Land								
	Buildings								
	Leasehold improvements		58	7,952.	314	,396.	273	3,55	56.
	Equipment			5,710.		,924.		7,78	
	Other			8,936.		,018.		5,91	
	. Add lines 1a through 1e. (Column (d) must e				-			3,26	
				· · · · · · · · · · · · · · · · · · ·					

Schedule D (Form 990) 2022

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(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	a) Description		(b) Book value
(1) Security Deposit			20,373.
(2) Right-of-Use Assets			780,499.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			800,872.
Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	ne 15.)		000,072
Complete if the organization answered "Yes	an Form 000 Dart IV line	110 or 11f Soc Form 000 Bort V line	05
(a) Description of lightlift.	S OITFOITT 990, Fait IV, IIIe	The of The See Form 990, Part A, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 4 4 5 4 4
(2) Deferred Compensation			141,791.
(3) Lease Liability			1,151,839.
(4) Refundable Advance			532,436
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 25)		1,826,066.

Mental Health America, Inc. Schedule D (Form 990) 2022 Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

(1) Einancial derivatives

(I) Financi		
(2) Closely	held equity interests	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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13231102 790347 185311

(c) Method of valuation: Cost or end-of-year market value

Sche	dule D (Form 990) 2022 Mental Health America,	Inc.		13-1	1614906	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Re ⁻	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,576,	,144.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	<u>-979,085.</u>			
b	Donated services and use of facilities	2b	77,664.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	74,003.			
е	Add lines 2a through 2d			2e	-827	,418.
3	Subtract line 2e from line 1			3	7,403,	<u>,562.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,685.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		,685.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>.)</u>	<u> </u>	5	7,433	,247.
Pa	t XII Reconciliation of Expenses per Audited Financial St		Expenses per F	leturi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1				1	9,056	,989.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities		77,664.			
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	2d	74,003.			
е	Add lines 2a through 2d			2e	151	<u>,667.</u>
3	Subtract line 2e from line 1			3	8,905,	,322.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		29,685.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		,685.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	1 <u>8.</u>)		5	8,935,	,007.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

MHA has adopted investment and spending policies for endowment assets that
attempt to provide a predictable stream of funding to programs supported
by its endowment while seeking to maintain the purchasing power of the
endowment assets. Endowment assets include those assets of donor
restricted funds that the organization must hold in perpetuity. The
objective of the net assets with donor restrictions is the preservation of
capital.
Part X, Line 2:
MHA is generally exempt from federal income taxes under Section 501(c)(3)
of the U.S. Internal Revenue Code ("IRC"). In addition, MHA qualifies for
232054 09-01-22 Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022	Mental Health	America,	Inc.	13-1614906	Page 5
Part XIII Supplemental Inform	nation (continued)				
charitable contribut	ion deduction	s and has	been classified	as an	
organization that is	not a privat	e foundat:	ion. Business inc	ome, which is	5
not related to exemp	<u>t purposes, l</u>	ess applic	<u>cable deductions,</u>	is subject t	20
federal and state co	<u>rporate incom</u>	e taxes. 1	MHA had no net un	related	
business income for	the years end	ed Decembe	<u>er 31, 2022 and 2</u>	021.	

MHA files informational returns in the U.S. federal jurisdiction and in various state and local jurisdictions. In accordance with FASB ASC 740, Income Taxes, the Organization has applied the "more likely than not" threshold to the recognition and derecognition of tax positions in its financial statements. Management has evaluated the Organization's tax positions and has concluded there are no uncertain tax positions that qualified for either recognition or disclosure in the financial statements as of December 31, 2022 and 2021.

Part XI, Line 2d - Other Adjustments:

Cost of goods sold

74,003.

Part XII, Line 2d - Other Adjustments:

Cost of goods sold

74,003.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni ⁻	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	•	-	Attach to Form a.gov/Form990 for	n 990.			Open to Public Inspection
Name of the organization Mental He	alth Amer						Employer identification number 13-1614906
Part I General Information on Grants a		100, 100.					10 1011000
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?						on 🔀 Yes 🗌 No
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	′es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
University of Washington							
4333 Brooklyn Ave NE		511(a)2b /					Substance Use Disorder
Seattle , WA 98195-9555	91-6001537	170(c)1	127,602.	0.			Research Grant
Mental Wellness Center (AKA MHA in Santa Barbara County) - 617 Garden							Substance Use Disorder
<u>St - Santa Barbara, CA 93101-1664</u>	95-1962659	501(c)(3)	112,000.	0.			Research Grant
MHA of Los Angeles 200 Pine Avenue, Suite 400 Long Beach, CA 90802	95-1881491	501(c)(3)	100,000.	0.			Frontline Pandemic Recovery Support
MHA in New York State 194 Washington Ave Ste 415 Albany, NY 12210-2314	13-1954023	501(c)(3)	93,670.	0.			Frontline Pandemic Recovery Support
MHA of Dutchess County 253 Mansion St Poughkeepsie, NY 12601	14-1402059	501(c)(3)	75,000.	0.			Substance Use Disorder Research Grant
MHA of Western New York (AKA MHA of Erie County) – 1021 Broadway St, 5th Fl – Buffalo, NY 14212	16-6050686	501(c)(3)	75,000.	0.			Substance Use Disorder Research Grant
2 Enter total number of section 501(c)(3) a			e line 1 table				
3 Enter total number of other organizations	s listed in the line [.]	1 table					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Schedule I (Form 990) Mental Health America, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

13-1614906 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MHA of Georgia							
2250 N Druid Hills Rd NE Ste 275							Substance Use Disorder
Atlanta, GA 30329-3141	58-0611310	501(c)(3)	72,000.	0.			Research Grant
,,			,				
FARRR Foundation							
1310 Church Street, Ste A							Substance Use Disorder
Lynchburg, VA 24504	20-1592668	501(c)(3)	68,000.	0.			Research Grant
MHA of West Central Indiana							
1460 Spruce St							Substance Use Disorder
Terre Haute, IN 47807-2257	20-8762173	501(c)(3)	68,000.	0.			Research Grant
MHA of Montana							
PO Box 88							Frontline Pandemic
Bozeman, MT 59771-0088	81-0289661	501(c)(3)	50,000.	0.			Recovery Support
MHA in Montgomery							
1116 S Hull St							Frontline Pandemic
Montgomery, AL 36104-5144	63-0328645	501(c)(3)	48,950.	0.			Recovery Support
MHA of Greater Dallas							
624 N Good Latimer Expy Ste 200	FF 0000005		45.000				Frontline Pandemic
Dallas, TX 75204-5802	75-0999935	501(c)(3)	45,000.	0.			Recovery Support
Association for Mental Health and							
Wellness - 939 Johnson Ave, PO Box							
373 - Ronkonkoma, NY 11779	11-3012392	501(c)(3)	20,000.	0.			MH in the Outdoors Grant
	11 3012392	501(0)(5)	20,000.	••			
FARRR Foundation							
1310 Church Street, Ste A							
Lynchburg, VA 24504	20-1592668	501(c)(3)	20,000.	0.			MH in the Outdoors Grant
,,				```			
MHA of Los Angeles							
200 Pine Avenue, Suite 400							
Long Beach, CA 90802	95-1881491	501(c)(3)	20,000.	0.			MH in the Outdoors Grant

Schedule I (Form 990)

Schedule I (Form 990) Mental Health America, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

13-1614906 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MHA of Westchester							
580 White Plains Rd, Ste 510							
Tarrytown, NY 10591	13-1740002	501(c)(3)	20,000.	0.			MH in the Outdoors Gran
MHA of Western New York (AKA MHA							
of Erie County) - 1021 Broadway							
St, 5th Fl - Buffalo, NY 14212	16-6050686	501(c)(3)	20,000.	0.			MH in the Outdoors Grant
			,				
NAMI National							
4301 Wilson Blvd, #300							
Arlington, VA 22203	43-1201653	501(c)(3)	17,000.	Ο.			Strategy Development
Mental Health Leadership							
Initiative (The Kennedy Forum) -							
4326 Harbor Beach Blvd, Unit 573 -							
Brigantine, NJ 08203	46-5714524	501(c)(3)	15,000.	Ο.			Advocacy Support
MHA of Illinois							
1103 Westgate St Ste 302							
Oak Park, IL 60301-1088	37-0794769	501(c)(3)	15,000.	0.			Screening Research Grant
Mental Health Colorado							
303 E 17th Ave, 4th Floor							
Denver, CO 80203	84-0446365	501(c)(3)	13,000.	0.			Regional Policy Council
Mental Health Minnesota							
Wright Building, 2233 University Av	41 0000000		12.000	0			
St. Paul, MN 55114	41-0722639	501(C)(3)	13,000.	0.			Regional Policy Council
MHA in New Jersey							
673 Morris Ave, #100							
	22-1549749	501(a)(3)	13,000.	0.			Regional Policy Council
Springfield, NJ 07081	22-1342/49	501(C)(3)	13,000.	0.			Regional Forrey Council
MHA of East Tennessee							
9050 Executive Park Dr, Ste 104-A							
Knoxville, TN 37923	62-0642878		13,000.	0.			Regional Policy Council

Schedule I (Form 990)

Schedule I (Form 990) Mental Health America, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

	-					· /	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MHA of Illinois							
1103 Westgate St Ste 302	37-0794769	E01(-)(2)	12.000				NFL Draft-a-Thon Pandemic
Oak Park, IL 60301-1088 The Mental Health Association of	37-0794709	501(0)(3)	12,000.	0.			Recovery Grant
New York City (Vibrant Emotional							
Health) - 50 Broadway 19th Floor -							
New York, NY 10004	13-2637308	501(c)(3)	6,500.	0.			Regional Policy Council
			.,				

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Schedule I (Form 990) 2022

13-1614906

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Dert IV Supplemental Information Dravida the information re-					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Narrative interim and final reports are requested for each grant along with

a budget versus actual statement to show the use of the funds.

SC	HEDULE J	Compensation Inf	ormation	1	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Ke			20	00	,
-	Ē	Compensated Emplo	yees		20	22	-
Dene	the Trace with	Complete if the organization answered "Yes" Attach to Form 99			Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions			Inspe		
Nan	ne of the organizatio			Employer i			nber
		Mental Health America, Inc	•	13-1	61490	6	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following t	o or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information	regarding these items.				
	First-class or		allowance or residence for perso				
	Travel for con		s for business use of personal re-				
			social club dues or initiation fee				
	Discretionary	spending account Personal	services (such as maid, chauffeu	ır, chef)			
-							
b	-	on line 1a are checked, did the organization follow a written					
•		rovision of all of the expenses described above? If "No," cor			1b		
2		n require substantiation prior to reimbursing or allowing expe					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items	s checked on line 1a?		2		<u> </u>
2	Indianta which if a	of the following the exception used to establish the ex-	managetian of the execution's				
3		ny, of the following the organization used to establish the con					
		ector. Check all that apply. Do not check any boxes for meth- ation of the CEO/Executive Director, but explain in Part III.	bus used by a related organizatio				
	X Compensatio		nployment contract				
			ation survey or study				
	X Form 990 of c		by the board or compensation c	ommittee			
			by the board of compensation c	Ommittee			
4	During the year, di	any person listed on Form 990, Part VII, Section A, line 1a,	with respect to the filing				
-	organization or a re						
а	-	e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonqualified retirement p	lan?				X
с		eive payment from an equity-based compensation arrangem			4		Х
	-	nes 4a-c, list the persons and provide the applicable amounts					
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complet	e lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensatio	n			
	contingent on the	evenues of:					
а	The organization?				5a		X
		ation?					X
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensatio	n			
	contingent on the	-					
							X
b		ation?			6b		x
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization				77	
		nes 5 and 6? If "Yes," describe in Part III			7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to		ie			v
~		ption described in Regulations section 53.4958-4(a)(3)? If "Y			8		X
9		id the organization also follow the rebuttable presumption pr					
	Regulations sectio						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forn	n 990)	2022

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13-1614906

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base	(ii) Bonus &	(iii) Other	compensation			reported as deferred
		compensation	incentive compensation	reportable compensation				on prior Form 990
			•	•	10.050		0.74.000	
(1) Schroeder Stribling	(i)	323,828.	0.	0.	10,250.	39,948.	374,026.	0.
President/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Mary Giliberti	(i)	216,909.	0.	0.	7,928.	45,584.	270,421.	0.
Chief Public Policy Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Frederick M King	(i)	209,680.	0.	0.	4,975.	20,525.	235,180.	0.
Executive VP of Office Services & Hu	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Stuart Allen	(i)	217,972.	0.	0.	10,474.	2,095.	230,541.	0.
Chief Marketing and Advancement Offi	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Jessica Kennedy	(i)	209,426.	0.	0.	10,250.	9,648.	229,324.	0.
Chief Strategy & Finance Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Theresa Nguyen	(i)	170,813.	0.	0.	8,544.	12,134.	191,491.	0.
Chief Research Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Debra Plotnick	(i)	134,624.	0.	0.	6,345.	23,795.	164,764.	0.
Executive VP of State and Federal Ad	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Valerie Hairston Sterns	(i)	137,038.	0.	0.	6,883.	14,787.	158,708.	0.
Executive VP, Affiliate Network	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Nathaniel Counts	(i)	141,085.	0.	0.	6,390.	4,522.	151,997.	0.
Senior VP of Behavioral Health Innov	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(ii) (i)							
	(I) (ii)							
	(i) (::)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 7:

President/Chief Executive Officer's contract has a provision that the

Executive Committee can authorize bonuses at its discretion.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Inspection

ſ ΖU **Open to Public**

13-1614906

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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Name of the organization

Mental	Health	America,	Inc.
--------	--------	----------	------

Pa	rti Ty	pes of Property						
			(a)	(b)	(c)	(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	
					Form 990, Part VIII, line	1g	nion amou	JIIIS
1	Art - Works	s of art						
2		rical treasures						
3		onal interests						
4		publications						
5		nd household goods						
6		other vehicles						
7		planes						
8	Intellectua							
9		- Publicly traded						
10		- Closely held stock						
11		- Partnership, LLC, or						
	trust intere							
12	Securities	- Miscellaneous						
13		onservation contribution -						
	Historic st	ructures						
14	Qualified c	onservation contribution - Other						
15	Real estate	e - Residential						
16	Real estate	e - Commercial						
17		e - Other						
18		s						
19		ntory						
20		medical supplies						
21	Taxidermy							
22	Historical a							
23	Scientific s	specimens						
24		ical artifacts						
25	Other	(Consulting Serv)	X	1	44,992			
26	Other	(Cryptocurrency)	X	55	41,054			
27	Other	(Online Ads)	X	1	32,672	2.FMV		
28	Other	()						
29	Number of	Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions			
	for which t	he organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			
							Ye	es No
30a	During the	year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 thro	ough 28, that it		
	must hold	for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be us	ed for		
	exempt pu	rposes for the entire holding period?	?				30a	<u> </u>
b	If "Yes," de	escribe the arrangement in Part II.						
31	Does the c	organization have a gift acceptance p	policy that re	equires the review o	of any nonstandard contri	butions?	31	<u> </u>
32a	Does the c	organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell nonca	sh		
	contributio						32a	X
b		escribe in Part II.						
33	If the orga	nization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is c	hecked,		
	describe ir	n Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2022 232142 09-09-22 46

SCH	IEDU	JLE	0
(Fori	n 990	D)	

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Inc.



13-1614906

Form 990, Part I, Line 1, Description of Organization Mission:

Mental Health America,

living in the U.S. through public education, research, advocacy and

public policy, and direct service.

MHA is the nation's leading national nonprofit dedicated to the

promotion of mental health, well-being, and illness prevention. Our

work is informed, designed, and led by the lived experience of those

most affected.

Operating nationally and in communities across the country, Mental

Health America advocates for closing the mental health equity gap while

increasing nationwide awareness and understanding through public

education, direct services, tools, and research. Our annual State of

Mental Health in America report is among the most widely respected

health reports in the nation.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Employers and their workers through its workplace mental health

program.

Form 990, Part III, Line 4d, Other Program Services:

Policy & Advocacy: MHA advocates for laws and policies that promote and

foster positive mental health, ensure access to effective and

culturally responsive care, and protect the rights of people who have

mental health issues and their families. MHA works with partners and

 affiliates to champion prevention, encourage access to screening and

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

 232211 10-28-22

13231102 790347 185311

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Name of the organization Mental Health America, Inc.	Employer identification number 13-1614906
early intervention services, get mental health education a	nd
programming in schools, expand access to crisis resources,	improve
access to and use of peer specialists, improve services fo	r youth and
young adults, and integrate recovery fully in care. MHA's	efforts
around the social drivers of mental health address the soc	ial
inequities that prevent people from reaching their full po	tential.
Expenses \$ 1,707,057. including grants of \$ 107,042. Re	venue \$ 96,076.
Form 990, Part VI, Section A, line 6:	
The directors of the corporation elected under article IV	of the bylaws and
the presiding officers Chairs, Presidents, or equivalents	of governing
boards (Boards of Directors or equivalent) of local and st	ate affiliates of
the corporation, or their designees, shall constitute the	membership of the
corporation.	
Form 990, Part VI, Section A, line 7a:	
For the management of the business and for the conduct of	the affairs of
the corporation, and in further definition, limitation and	regulation of
the powers of the corporation and of its directors and mem	bers, it is
further provided that, notwithstanding anything in the cor	poration's bylaws
to the contrary, the membership shall have final authority	on all matters
governing amendments to the certificate of incorporation	

governing amendments to the certificate of incorporation, size of the Board

of Directors, election of the Board of Directors, election of the

nominating and board development committee, action recommendations from the

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Board of Directors on amending the standards of affiliation and other

miscellaneous matters.

Form 990, Part VI, Section B, line 11b:

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2	
Name of the organization Mental Health America, Inc.	Employer identification number 13-1614906	
The accounting department reviews the draft 990 for accuracy. The form is		
then forwarded to the Secretary/Treasurer of the Board for his or her		
review. Once comments are received from the Secretary/Treasurer, a draft is		
forwarded to the full Board of Directors. Final comments are then forwarded		
to the outside accounting firms and file the form with the IRS.		

Form 990, Part VI, Section B, Line 12c:

Each Board and Committee member is required to sign a conflict of interest policy statement annually in September when the board year begins; the statements are reviewed by the Secretary/Treasurer. Any conflicts of interest are brought by the Secretary/Treasurer to the personnel committee. The member is asked to excuse him/herself in commenting or voting on issues that even might be of conflict.

Form 990, Part VI, Section B, Line 15:

MHA uses compensation analyses to monitor the compensation of all positions, including officers and key employees. The compensation studies include similar positions within the Washington, DC metro area, within the health care field, and within the non-profit industry, and decisions are documented as well.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AL,AK,AZ,AR,CA,CO,CT,FL,GA,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,HI

Form 990, Part VI, Section C, Li	ne 19:
MHA does make its governing docu	ments available to the public for the same
period of disclosure as set fort	h in section 6104(d). Our website,
232212 10-28-22	Schedule O (Form 990) 2022
13231102 790347 185311	49 2022.05000 MENTAL HEALTH AMERICA, IN 185311_:

1

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Mental Health America, Inc.	13-1614906

www.mhanational.org, is the main source of communication. If someone calls

and requests this information, it is sent out immediately.

FORM 990, PART XII, LINE 2C:

The process for overseeing the audit of the financial statements and

selection of an independent accountant that audited the financial

statements has been consistent with prior years.

Schedule O (Form 990) 2022

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