

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MENTAL HEALTH AMERICA, INC.		D Employer identification number 13-1614906
	Doing business as		E Telephone number (703) 684-7722
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 12,646,314.
	500 MONTGOMERY STREET	820	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ELIZABETH STRIBLING SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MHANATIONAL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1950 M State of legal domicile: NY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADVANCING MENTAL WELL-BEING SINCE 1909 THROUGH EDUCATION, RESEARCH, ADVOCACY, & SERVICE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	63
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,492,813.	10,850,408.
	9 Program service revenue (Part VIII, line 2g)	508,101.	739,700.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	173,820.	240,765.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	258,513.	242,241.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,433,247.	12,073,114.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,242,722.	1,732,522.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,098,970.	5,797,416.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 953,268.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,593,315.	3,283,492.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,935,007.	10,813,430.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,501,760.	1,259,684.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,944,250.	End of Year 14,555,457.
	21 Total liabilities (Part X, line 26)	2,303,942.	2,086,363.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,640,308.	12,469,094.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Elizabeth Stribling</i>	Date 9/5/2024			
	ELIZABETH STRIBLING, PRESIDENT/CHIEF EXECUTIVE OFFICER	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ALLISON PARSONS	Preparer's signature ALLISON PARSONS	Date 09/05/24	Check if self-employed <input type="checkbox"/>	PTIN P01519444
	Firm's name CITRIN COOPERMAN ADVISORS LLC	Firm's EIN 87-2525370	Firm's address 7900 WESTPARK DR. SUITE A220 MCLEAN, VA 22102		
Phone no. 703-281-4880					

Part 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 PUBLIC EDUCATION, RESEARCH, ADVOCACY AND PUBLIC POLICY, AND DIRECT SERVICE.

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 [X] No
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? [] Yes [X] No
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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,409,979. including grants of \$ 1,089,721.) (Revenue \$ 108,990.)
RESEARCH: MHA IS A LEADER IN CONDUCTING POPULATION HEALTH AND PATIENT-PARTICIPATORY RESEARCH TO IMPROVE THE MENTAL HEALTH OF INDIVIDUALS ACROSS THE U.S. MHA USES A DATABASE OF OVER 25 MILLION HEALTH SCREENS TO ISSUE REPORTS TO INFORM PUBLIC POLICY AND DECISION-MAKING, VALIDATE SCREENING TOOLS, CONDUCT RESEARCH ON EVIDENCE-BASED ONLINE INTERVENTIONS, RESEARCH LINKS TO PEERS AND COMMUNITIES, AND PROVIDE A FREE SOURCE OF MENTAL HEALTH SCREENING INFORMATION BY LOCATION AND CONDITION FOR USE BY POLICYMAKERS, OTHER RESEARCHERS, AND THE GENERAL PUBLIC. MHA ALSO ISSUES OTHER REPORTS AND ANALYSES OF MENTAL HEALTH TRENDS AND STATISTICS IN THE U.S.

4b (Code:) (Expenses \$ 2,315,743. including grants of \$ 361,547.) (Revenue \$ 456,419.)
CONSTITUENCY SERVICES: MHA SUPPORTS A NATIONAL NETWORK OF COMMUNITY-BASED ORGANIZATIONS PROVIDING MENTAL HEALTH SERVICES, INFORMATION AND REFERRAL SERVICES, PSYCHOSOCIAL SERVICES, AND POLICY AND ADVOCACY. BY PROVIDING TECHNICAL ASSISTANCE, TRAINING, GRANT OPPORTUNITIES, AND CONTENT TO AFFILIATES AND SIMILAR ORGANIZATIONS, MHA SUPPORTS A NATIONAL EFFORT TO PROVIDE HIGH-QUALITY, CULTURALLY RESPONSIVE MENTAL HEALTH SERVICES FOR INDIVIDUALS IN NEED ACROSS THE COUNTRY.

4c (Code:) (Expenses \$ 2,292,086. including grants of \$ 166,711.) (Revenue \$ 326,524.)
PUBLIC EDUCATION: MHA PROVIDES RESOURCES TO INDIVIDUALS WITH MENTAL HEALTH CONCERNS, THEIR SUPPORTERS, AND PROVIDERS THROUGH A WIDE RANGE OF CULTURALLY RESPONSIVE TOOLS YEAR-ROUND. MAJOR EDUCATION CAMPAIGNS INCLUDE MENTAL HEALTH MONTH, BIPOC MENTAL HEALTH MONTH, AND BACK TO SCHOOL FOR YOUTH, THEIR PARENTS, AND YOUNG ADULTS. CAMPAIGNS OFFER RESOURCES FOR COMMUNITY ORGANIZATIONS, DIRECT EDUCATION FOR INDIVIDUALS IN NEED, MEDIA OUTREACH, WEBINARS, E-TRAINING, AND SOCIAL MEDIA. THESE SIGNATURE PROGRAMS REACH MILLIONS OF PEOPLE ANNUALLY. MHA ALSO OFFERS A FREE, ANONYMOUS SCREENING TOOL WHERE NEARLY 15,000 PEOPLE PER DAY EDUCATE THEMSELVES ON THEIR OWN MENTAL HEALTH AND TAKE RECOVERY STEPS. MHA ADDITIONALLY PROVIDES EDUCATION AND SUPPORT TO 2,500 EMPLOYERS AND THEIR WORKERS THROUGH ITS WORKPLACE MENTAL HEALTH PROGRAM.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,939,349. including grants of \$ 114,543.) (Revenue \$ 6,450.)

4e Total program service expenses 8,957,157.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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 during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b 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 "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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 "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included on line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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 arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, IN, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JESSICA KENNEDY, CHIEF STRATEGY & FINANCE OFFICER - 703-684-7722
500 MONTGOMERY STREET, NO. 820, ALEXANDRIA, VA 22314

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH STRIBLING PRESIDENT/CEO	45.00			X			345,061.	0.	50,105.	
(2) MARY GILIBERTI CHIEF PUBLIC POLICY OFFICER	45.00				X		227,163.	0.	61,695.	
(3) FREDERICK M KING EXECUTIVE VP OF OFFICE SERVICES & HU	45.00			X			218,519.	0.	33,782.	
(4) JESSICA KENNEDY CHIEF STRATEGY & FINANCE OFFICER	45.00			X			219,047.	0.	22,616.	
(5) STUART ALLEN CHIEF MARKETING AND ADVANCEMENT OFFI	45.00			X			227,194.	0.	13,689.	
(6) THERESA NGUYEN CHIEF RESEARCH OFFICER	45.00			X			181,347.	0.	38,291.	
(7) AMERICA PAREDES CHIEF SOCIAL IMPACT OFFICER	45.00				X		167,371.	0.	32,907.	
(8) DEBRA PLOTNICK EXECUTIVE VP OF STATE AND FEDERAL AD	45.00				X		156,785.	0.	31,246.	
(9) VALERIE HAIRSTON STERNS EXECUTIVE VP, AFFILIATE NETWORK	45.00				X		159,697.	0.	24,787.	
(10) NATHAN TATRO VICE PRESIDENT OF ALLIANCE DEVELOPME	45.00				X		132,366.	0.	10,575.	
(11) JENNIFER BRIGHT CHAIR OF THE BOARD	5.00	X		X			0.	0.	0.	
(12) PETER CARSON IMMEDIATE PAST CHAIR	3.00	X		X			0.	0.	0.	
(13) PIERLUIGI MANCINI CHAIR-ELECT	5.00	X		X			0.	0.	0.	
(14) KANA ENOMOTO SECRETARY/TREASURER	3.00	X		X			0.	0.	0.	
(15) BEN HARRINGTON CHAIR, AFFILIATE RELATIONS COMMITTEE	3.00	X					0.	0.	0.	
(16) JEN MADSEN CO-CHAIR, PUBLIC POLICY COMMITTEE	3.00	X					0.	0.	0.	
(17) CLARE MILLER CHAIR, MARKETING & DEVELOPMENT	3.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RUSS PETRELLA DIRECTOR	1.00	X						0.	0.	0.
(19) AIMEE FALCHUK CO-CHAIR, PROGRAM COMMITTEE	3.00	X						0.	0.	0.
(20) COURTNEY LANG COMMITTEE CHAIR	3.00	X						0.	0.	0.
(21) ROBERT N. DAVISON CO-CHAIR, PUBLIC POLICY COMMITTEE	3.00	X						0.	0.	0.
(22) JENIFER GAGER DIRECTOR	1.00	X						0.	0.	0.
(23) STEVEN CHAN DIRECTOR	1.00	X						0.	0.	0.
(24) MERRILL FRIEDMAN DIRECTOR	1.00	X						0.	0.	0.
(25) MADHURI JHA CO-CHAIR, PROGRAM COMMITTEE	3.00	X						0.	0.	0.
(26) MAHMOUD KHEDR DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,034,550.	0.	319,693.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,034,550.	0.	319,693.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HYATT REGENCY WASHINGTON ON CAPITOL HILL, 400 NEW JERSEY AVENUE, NW, WASHINGTON, DC	2023 ANNUAL CONFERENCE	174,924.
CORNERSTONE GOVERNMENT AFFAIRS, INC., 800 MAIN AVENUE SW, 7TH FLOOR, WASHINGTON, DC	GOVERNMENT RELATIONS CONSULTING	169,019.
MISSION PARTNERS, BENEFIT LLC PO BOX 1400, ROCKVILLE, MD 20849	COMMUNICATIONS CONSULTING	137,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows list individuals like OLIVIA LUBARSKY, SARAH GRIFFITH LUND, etc.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	47,310.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	782,485.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,020,613.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 65,283.				
	h Total. Add lines 1a-1f			10,850,408.			
Program Service Revenue	2 a CONSTITUENCY SERVICES	Business Code					
		621330	449,260.	449,260.			
	b PUBLIC EDUCATION	621330	175,000.	175,000.			
	c RESEARCH	621330	108,990.	108,990.			
	d POLICY/ADVOCACY	621330	6,450.	6,450.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			739,700.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		306,677.			306,677.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		83,204.			83,204.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	432,254.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	498,166.				
	c Gain or (loss)	7c	-65,912.				
	d Net gain or (loss)			-65,912.		-65,912.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	233,717.					
b Less: cost of goods sold	10b	75,034.					
c Net income or (loss) from sales of inventory			158,683.	158,683.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue	900099	354.			354.	
	e Total. Add lines 11a-11d			354.			
12 Total revenue. See instructions			12,073,114.	898,383.	0.	324,323.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,732,522.	1,732,522.		
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, trustees, and key employees	1,349,651.	1,055,263.	123,272.	171,116.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,594,346.	2,810,341.	328,294.	455,711.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,099.	86,084.	10,056.	13,959.
9 Other employee benefits	407,605.	318,698.	37,229.	51,678.
10 Payroll taxes	335,715.	262,488.	30,663.	42,564.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,483.		15,483.	
c Accounting	29,537.		29,537.	
d Lobbying	156,000.	156,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	37,426.		37,426.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,170,619.	1,045,178.	72,337.	53,104.
12 Advertising and promotion	27,205.	27,205.		
13 Office expenses	67,510.	51,614.	4,604.	11,292.
14 Information technology				
15 Royalties				
16 Occupancy	234,510.	187,608.	23,451.	23,451.
17 Travel	282,615.	207,518.	55,034.	20,063.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	702,400.	593,884.	79,521.	28,995.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,963.	72,771.	9,096.	9,096.
23 Insurance	114,510.	91,590.	11,415.	11,505.
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 O.)				
a DUES AND SUBSCRIPTIONS	285,338.	199,172.	30,620.	55,546.
b COMMUNICATIONS	45,522.	36,646.	4,156.	4,720.
c PRINTING AND DESIGN	23,854.	22,575.	811.	468.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,813,430.	8,957,157.	903,005.	953,268.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	966.	1	969.
	2 Savings and temporary cash investments	5,640,205.	2	4,654,454.
	3 Pledges and grants receivable, net	223,928.	3	1,938,540.
	4 Accounts receivable, net	323,470.	4	131,084.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	52,061.	8	13,830.
	9 Prepaid expenses and deferred charges	135,727.	9	250,718.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,185,649.		
	b Less: accumulated depreciation	10b 845,558.		
	11 Investments - publicly traded securities	388,260.	10c	340,091.
	12 Investments - other securities. See Part IV, line 11	5,378,761.	11	6,602,125.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	800,872.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,944,250.	15	623,646.	
		16	14,555,457.	
Liabilities	17 Accounts payable and accrued expenses	425,368.	17	590,922.
	18 Grants payable		18	
	19 Deferred revenue	52,508.	19	107,714.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,826,066.	25	1,387,727.
	26 Total liabilities. Add lines 17 through 25	2,303,942.	26	2,086,363.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,823,207.	27	9,502,337.
	28 Net assets with donor restrictions	1,817,101.	28	2,966,757.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,640,308.	32	12,469,094.
33 Total liabilities and net assets/fund balances	12,944,250.	33	14,555,457.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,073,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,813,430.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,259,684.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,640,308.
5	Net unrealized gains (losses) on investments	5	569,102.
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	12,469,094.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

SCHEDULE A
(Form 990)

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

2023

Open to Public Inspection

Name of the organization: MENTAL HEALTH AMERICA, INC.
Employer identification number: 13-1614906

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
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).
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).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [] An organization organized and operated exclusively to test for public safety.
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations []
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4057175.	7258618.	9143911.	6492813.	10850408.	37802925.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4057175.	7258618.	9143911.	6492813.	10850408.	37802925.
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)						5447321.
6 Public support. Subtract line 5 from line 4.						32355604.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4057175.	7258618.	9143911.	6492813.	10850408.	37802925.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	195,510.	183,387.	261,713.	286,178.	389,881.	1316669.
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.)					354.	354.
11 Total support. Add lines 7 through 10						39119948.
12 Gross receipts from related activities, etc. (see instructions)					12	3,521,118.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	82.71 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	85.64 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
c Add lines 10a and 10b						
11 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
6 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number

13-1614906

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 \$ _____

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).

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

Schedule B (Form 990) (2023)

Name of organization MENTAL HEALTH AMERICA, INC.	Employer identification number 13-1614906
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,166,666.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>430,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,370,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MENTAL HEALTH AMERICA, INC.	Employer identification number 13-1614906
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>265,943.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MENTAL HEALTH AMERICA, INC.	Employer identification number 13-1614906
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization MENTAL HEALTH AMERICA, INC.	Employer identification number 13-1614906
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization MENTAL HEALTH AMERICA, INC.	Employer identification number 13-1614906
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	3,801.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	216,688.													
c Total lobbying expenditures (add lines 1a and 1b)	220,489.													
d Other exempt purpose expenditures	10,555,515.													
e Total exempt purpose expenditures (add lines 1c and 1d)	10,776,004.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	688,800.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	172,200.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	407,801.	505,603.	514,900.	688,800.	2,117,104.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,175,656.
c Total lobbying expenditures	146,635.	171,805.	215,230.	220,489.	754,159.
d Grassroots nontaxable amount	101,950.	126,401.	128,725.	172,200.	529,276.
e Grassroots ceiling amount (150% of line 2d, column (e))					793,914.
f Grassroots lobbying expenditures	8,940.	1,560.	5,855.	3,801.	20,156.

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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 prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

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 D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: MENTAL HEALTH AMERICA, INC. Employer identification number: 13-1614906

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions 3-9 regarding modifications, monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain reporting.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	477,528.	558,953.	502,772.	464,992.	399,247.
b Contributions					
c Net investment earnings, gains, and losses	57,134.	-81,425.	56,181.	37,780.	65,745.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	534,662.	477,528.	558,953.	502,772.	464,992.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 100 %
 - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		587,952.	322,373.	265,579.
d Equipment		358,760.	315,228.	43,532.
e Other		238,937.	207,957.	30,980.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				340,091.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	162,625.
(3) FINANCE LEASE LIABILITIES	70,876.
(4) OPERATING LEASE LIABILITY	848,297.
(5) REFUNDABLE ADVANCE	305,929.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,387,727.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	12,719,077.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	569,102.	
b	Donated services and use of facilities	2b	39,253.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	75,034.	
e	Add lines 2a through 2d	2e		683,389.
3	Subtract line 2e from line 1	3		12,035,688.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,426.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		37,426.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		12,073,114.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,890,291.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	39,253.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	75,034.	
e	Add lines 2a through 2d	2e		114,287.
3	Subtract line 2e from line 1	3		10,776,004.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,426.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		37,426.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		10,813,430.

Part 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'S ENDOWMENT FUNDS ARE HELD FOR THE FOLLOWING PURPOSES:

1. TO SUPPORT THE TRAINING AND USE OF VOLUNTEERS, AND/OR TO PAY HOSPITAL ATTENDANTS SERVICING THOSE WHO ARE MENTALLY ILL; AND
2. TO SUPPORT RESEARCH AS TO THE CAUSE AND CURE OF MENTAL ILLNESS, GIVING ATTENTION TO THE THERAPEUTIC USE OF MEGA-VITAMINS.

PART X, LINE 2:

IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES, THE ORGANIZATION HAS APPLIED THE "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION AND

Part XIII Supplemental Information (continued)

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, 2023 AND 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 75,034.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 75,034.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **MENTAL HEALTH AMERICA, INC.** Employer identification number **13-1614906**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
FARRR FOUNDATION 1310 CHURCH ST, STE A LYNCHBURG, VA 24504	20-1592668	501(C)(3)	87,000.	0.			SUBSTANCE USE DISORDER RESEARCH GRANT
IDONTMIND 10866 WILSHIRE BLVD, FL 10 LOS ANGELES, CA 90024	92-3104571	501(C)(3)	54,000.	0.			MENTAL HEALTH AWARENESS PROGRAM GRANT
LOUISIANA MENTAL HEALTH ASSOCIATION - 544 COLONIAL DR - BATON ROUGE, LA 70806-6507	72-0688911	501(C)(3)	25,000.	0.			MH PROGRAMS - SERVICE OPPORTUNITIES GRANT
MENTAL HEALTH ADVOCATES OF WESTERN NEW YORK - 1021 BROADWAY ST, 5TH FL - BUFFALO, NY 14212	16-6050686	501(C)(3)	110,000.	0.			SUBSTANCE USE DISORDER RESEARCH GRANT
MENTAL HEALTH LEADERSHIP INITIATIVE - 124 WASHINGTON ST - FOXBOROUGH, MA 02035	46-5714524	501(C)(3)	25,000.	0.			ADVOCACY SUPPORT
MENTAL HEALTH MINNESOTA WRIGHT BUILDING, 2233 UNIVERSITY AV ST. PAUL, MN 55114	41-0722639	501(C)(3)	13,000.	0.			REGIONAL POLICY COUNCIL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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
MENTAL HEALTH PARTNERSHIPS 833 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107	23-1425035	501(C)(3)	20,000.	0.			MH IN THE OUTDOORS GRANT
MENTAL WELLNESS CENTER 617 GARDEN ST SANTA BARBARA, CA 93101-1664	95-1962659	501(C)(3)	179,000.	0.			SUBSTANCE USE DISORDER RESEARCH GRANT
MHA IN FORSYTH COUNTY 1509 S HAWTHORNE RD WINSTON SALEM, NC 27103-4125	56-0776248	501(C)(3)	25,000.	0.			MH PROGRAMS - SERVICE OPPORTUNITIES GRANT
MHA IN NEW JERSEY 673 MORRIS AVE, #100 SPRINGFIELD, NJ 07081	22-1549749	501(C)(3)	13,000.	0.			REGIONAL POLICY COUNCIL
MHA IN PENNSYLVANIA 4075 LINGLESTOWN ROAD PMB #203 HARRISBURG, PA 17112	23-1411212	501(C)(3)	25,000.	0.			MH PROGRAMS - SERVICE OPPORTUNITIES GRANT
MHA LAKESHORE 915 N. 7TH STREET SHEBOYGAN, WI 53081	39-1018013	501(C)(3)	20,000.	0.			MH IN THE OUTDOORS GRANT
MHA OF ALAMEDA COUNTY 954 60TH ST, STE 10 OAKLAND, CA 94608-2369	94-1254645	501(C)(3)	20,000.	0.			MH IN THE OUTDOORS GRANT
MHA OF ARIZONA 5110 N 40TH ST STE 201 PHOENIX, AZ 85018-2126	86-0129976	501(C)(3)	30,000.	0.			MH PROGRAMS - SERVICE OPPORTUNITIES GRANT
MHA OF AUGUSTA 101 W FREDERICK ST, STE 206 STAUNTON, VA 24401-3360	54-0797196	501(C)(3)	20,000.	0.			MH IN THE OUTDOORS GRANT

Schedule I (Form 990)

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 DUTCHESS COUNTY 253 MANSION ST POUGHKEEPSIE, NY 12601	14-1402059	501(C)(3)	110,000.	0.			SUBSTANCE USE DISORDER RESEARCH GRANT
MHA OF EAST TENNESSEE 9050 EXECUTIVE PARK DR, STE 104-A KNOXVILLE, TN 37923	62-0642878	501(C)(3)	13,000.	0.			REGIONAL POLICY COUNCIL
MHA OF GEORGIA 2250 N DRUID HILLS RD NE, STE 275 ATLANTA, GA 30329-3141	58-0611310	501(C)(3)	75,000.	0.			COMMUNITY DRIVEN MH PROGRAMS GRANT
MHA OF GEORGIA 2250 N DRUID HILLS RD NE, STE 275 ATLANTA, GA 30329-3141	58-0611310	501(C)(3)	130,000.	0.			SUBSTANCE USE DISORDER RESEARCH GRANT
MHA OF MONTANA PO BOX 88 BOZEMAN, MT 59771-0088	81-0289661	501(C)(3)	50,000.	0.			COMMUNITY DRIVEN MH PROGRAMS GRANT
MHA OF ROCHESTER/MONROE COUNTY 274 N GOODMAN ST, UNIT D103 ROCHESTER, NY 14607	16-1395575	501(C)(3)	43,750.	0.			MH PROGRAMS - SERVICE OPPORTUNITIES GRANT
MHA OF THE PALM BEACHES 909 FERN ST WEST PALM, FL 33401-5717	59-0760220	501(C)(3)	42,000.	0.			MH PROGRAMS - SERVICE OPPORTUNITIES GRANT
MHA OF WEST CENTRAL INDIANA 1460 SPRUCE ST TERRE HAUTE, IN 47807-2257	20-8762173	501(C)(3)	105,000.	0.			SUBSTANCE USE DISORDER RESEARCH GRANT
TAMPA BAY THRIVES 400 NORTH TAMPA STREET, 15TH FLOOR TAMPA, FL 33602	84-3036723	501(C)(3)	22,000.	0.			MH PROGRAMS - SERVICE OPPORTUNITIES GRANT

Schedule I (Form 990)

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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE - 160 ALDRICH HALL - IRVINE, CA 92697-7600	95-2226406	501(C)(3)	197,330.	0.			SUBSTANCE USE DISORDER RESEARCH GRANT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	GOVERNMENT	165,991.	0.			SUBSTANCE USE DISORDER RESEARCH GRANT
VIBRANT EMOTIONAL HEALTH 50 BROADWAY 19TH FLOOR NEW YORK, NY 10004	13-2637308	501(C)(3)	13,000.	0.			REGIONAL POLICY COUNCIL

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

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:

FOR ALL PROGRAM SUPPORT GRANTS, NARRATIVE INTERIM AND FINAL REPORTS ARE REQUESTED, ALONG WITH A BUDGET VERSUS ACTUAL STATEMENT WITH SUFFICIENT DETAIL TO DEMONSTRATE THAT FUNDS WERE USED FOR THE INTENDED PURPOSE. THESE REPORTS GENERALLY MUST INCLUDE A DESCRIPTION OF THE ACTIVITIES UNDERTAKEN, PROGRESS MADE TOWARD THE PROJECT'S OBJECTIVES, AND ANY CHALLENGES OR DEVIATIONS ENCOUNTERED DURING IMPLEMENTATION, EXCEPT WHERE NOT APPLICABLE OR WHERE SUPERSEDED BY ADDITIONAL GRANT-SPECIFIC REQUIREMENTS. GRANTEES MUST ALSO ATTEST TO THEIR ELIGIBILITY AND TAX-EXEMPT STATUS WITH THE IRS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number

13-1614906

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a 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 compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH STRIBLING PRESIDENT/CEO	(i)	340,761.	0.	4,300.	11,250.	38,855.	395,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY GILIBERTI CHIEF PUBLIC POLICY OFFICER	(i)	223,363.	0.	3,800.	8,671.	53,024.	288,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FREDERICK M KING EXECUTIVE VP OF OFFICE SERVICES & HU	(i)	214,719.	0.	3,800.	10,984.	22,798.	252,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSICA KENNEDY CHIEF STRATEGY & FINANCE OFFICER	(i)	215,247.	0.	3,800.	10,984.	11,632.	241,663.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STUART ALLEN CHIEF MARKETING AND ADVANCEMENT OFFI	(i)	221,220.	0.	5,974.	11,237.	2,452.	240,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THERESA NGUYEN CHIEF RESEARCH OFFICER	(i)	177,547.	0.	3,800.	9,124.	29,167.	219,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMERICA PAREDES CHIEF SOCIAL IMPACT OFFICER	(i)	163,571.	0.	3,800.	8,264.	24,643.	200,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBRA PLOTNICK EXECUTIVE VP OF STATE AND FEDERAL AD	(i)	152,985.	0.	3,800.	7,541.	23,705.	188,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VALERIE HAIRSTON STERNS EXECUTIVE VP, AFFILIATE NETWORK	(i)	155,488.	0.	4,209.	7,541.	17,246.	184,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **MENTAL HEALTH AMERICA, INC.**
Employer identification number: **13-1614906**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	15,066.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>ONLINE ADS</u>)	X	1	35,199.	FMV
26 Other (<u>CRYPTOCURRENCY</u>)	X	55	15,018.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

Part II **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, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number

13-1614906

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 AS WELL AS IN COMMUNITIES ACROSS THE COUNTRY,
MENTAL HEALTH AMERICA ADVOCATES FOR CLOSING THE MENTAL HEALTH EQUITY
GAP WHILE INCREASING NATIONWIDE AWARENESS AND UNDERSTANDING. OUR ANNUAL
STATE OF MENTAL HEALTH IN AMERICA REPORT, WHICH PROVIDES A DETAILED
SNAPSHOT OF WHERE THE STATES RANK IN TERMS OF ACCESS TO CARE AND
PREVALENCE OF NEED, IS AMONG THE MOST WIDELY RESPECTED HEALTH REPORTS
IN THE NATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POLICY AND 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 CONDITIONS AND THEIR FAMILIES. MHA WORKS WITH PARTNERS
AND AFFILIATES TO CHAMPION PREVENTION, ENCOURAGE ACCESS TO SCREENING
AND EARLY INTERVENTION SERVICES, GET MENTAL HEALTH EDUCATION AND
PROGRAMMING IN SCHOOLS, EXPAND ACCESS TO CRISIS RESOURCES, IMPROVE
ACCESS TO AND USE OF PEER SPECIALISTS, IMPROVE SERVICES FOR YOUTH AND
YOUNG ADULTS, AND INTEGRATE RECOVERY FULLY IN CARE. MHA'S EFFORTS
AROUND THE SOCIAL DRIVERS OF MENTAL HEALTH ADDRESS THE INEQUITIES THAT
PREVENT PEOPLE FROM REACHING THEIR FULL POTENTIAL.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number

13-1614906

EXPENSES \$ 1,939,349. INCLUDING GRANTS OF \$ 114,543. REVENUE \$ 6,450.

FORM 990, PART VI, SECTION A, LINE 4:

MHA MADE VARIOUS CHANGES TO ITS BYLAWS IN 2023, APPOINTING A TASK FORCE OF BOARD MEMBERS AND STAFF TO IDENTIFY AND RECOMMEND CHANGES FOR SIMPLICITY, CLARITY, MODERNIZATION, OR SUBSTANTIVE CHANGES TO BOARD FUNCTION IN LIGHT OF CURRENT BEST PRACTICES. A SUMMARY OF SIGNIFICANT CHANGES FOLLOWS.

THE VOTING MEMBER OF EACH AFFILIATE, FOR THE PURPOSE OF THE ANNUAL MEETING, WAS UPDATED FOR PRACTICAL PURPOSES FROM THE AFFILIATE'S BOARD CHAIR TO THE AFFILIATE'S EXECUTIVE DIRECTOR/CEO, WHO IS HISTORICALLY MOST LIKELY TO ATTEND. CHANGES WERE MADE TO PROVIDE MORE CLARITY AROUND VACANCIES OR RESIGNATIONS FROM MHA'S BOARD, SUCH AS ALLOWING FOR EXCUSED ABSENCES. THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE WAS UPDATED TO ALIGN WITH BOARD LEADERSHIP AND NOW CONSISTS OF THE CHAIR, CHAIR-ELECT, SECRETARY-TREASURER, AND IMMEDIATE PAST CHAIR, WITH THE PRESIDENT/CEO AS AN EX OFFICIO MEMBER. LANGUAGE WAS ADDED TO PROVIDE MORE CLARITY AROUND LIMITS TO THE EXECUTIVE COMMITTEE'S POWER. THE PRIOR PERSONNEL COMMITTEE WAS REMOVED AS NO LONGER BEING NECESSARY. THE STANDING COMMITTEES LISTED IN THE BYLAWS WERE UPDATED TO BETTER REFLECT SCOPE OF WORK, SIMPLIFY THEIR CHARGES, AND TO REMOVE COMMITTEES THAT SERVED VARIOUS AD HOC FUNCTIONS WHICH WERE ALREADY ADDRESSED BY LANGUAGE AROUND ADVISORY COMMITTEES. COMMITTEE MEMBERSHIP AND CHAIRSHIP WERE INCREASED FROM ONE-YEAR TERMS TO TWO-YEAR TERMS FOR CONSISTENCY. THE NOMINATING AND BOARD DEVELOPMENT COMMITTEE WAS RENAMED TO THE BOARD DEVELOPMENT AND GOVERNANCE COMMITTEE. OFFICER DESCRIPTIONS WERE SIMPLIFIED AND REFRESHED. LIMITS ON AFFILIATE MEMBERSHIP AMONG THE NATIONAL BOARD WERE CHANGED TO ALLOW FOR MORE OPPORTUNITIES FOR AFFILIATES TO SERVE.

Name of the organization MENTAL HEALTH AMERICA, INC.	Employer identification number 13-1614906
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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 STATE AFFILIATES OF THE CORPORATION, OR THEIR DESIGNEES, SHALL CONSTITUTE THE MEMBERSHIP OF THE CORPORATION.

THE PRESIDENT OR CHIEF EXECUTIVE OFFICER, EXECUTIVE DIRECTOR, OR ANY INTERIM STAFF MEMBER OR BOARD MEMBER ACTING AS THE HEAD OF LOCAL AND STAFF AFFILIATES OF THE CORPORATION OR THEIR PROXIES SHALL ACT AS DELEGATES TO THE NATIONAL DELEGATE ASSEMBLY. ALL AFFILIATES SHALL BE TREATED THE SAME, REGARDLESS OF THE ORGANIZATIONAL RELATIONSHIP MODEL THAT THEY HAVE ADOPTED.

VOTING FORMULA: EACH AFFILIATE SHALL BE ELIGIBLE TO CAST TWO VOTES AT THE NATIONAL DELEGATE ASSEMBLY. EACH AFFILIATE SHALL BE ELIGIBLE TO CAST ONE ADDITIONAL VOTE FOR EVERY 300 DUES-PAYING MEMBERS OR FRACTION THEREOF THAT THE AFFILIATE CAN DEMONSTRATE DURING THE IMMEDIATE PAST CALENDAR YEAR AND ONE ADDITIONAL VOTE FOR EVERY \$3,000 OR FRACTION THEREOF PAID BY THAT AFFILIATE TO THE CORPORATION FOR ITS AFFILIATION FEE DURING THE IMMEDIATE PAST CALENDAR YEAR.

MEMBERS OF THE BOARD: DIRECTORS OF THE CORPORATION SHALL BE CONSIDERED "AT-LARGE" MEMBERS OF THE NATIONAL DELEGATE ASSEMBLY AND SHALL NOT BE COUNTED IN AN AFFILIATE'S TOTAL. THEY SHALL EACH BE PERMITTED TO CAST ONE VOTE AT THE NATIONAL DELEGATE ASSEMBLY.

ELIGIBILITY TO VOTE: IN ORDER TO CAST ANY VOTES, EACH AFFILIATE MUST HAVE PAID ALL AFFILIATION FEES APPROVED BY THE BOARD FOR THAT AFFILIATE FOR THE

Name of the organization MENTAL HEALTH AMERICA, INC.	Employer identification number 13-1614906
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IMMEDIATE PAST CALENDAR YEAR PRIOR TO THE DEADLINE SET BY THE BOARD. LOCAL AFFILIATES WHICH DO NOT PAY AFFILIATION FEES TO THE CORPORATION SHALL BE PERMITTED TO VOTE IF THE AFFILIATE TO WHICH THE LOCAL AFFILIATE PAYS AFFILIATION FEES HAS PAID ALL AFFILIATION FEES APPROVED BY THE BOARD FOR THE STATE AFFILIATE FOR THE IMMEDIATE PAST CALENDAR YEAR PRIOR TO THE DEADLINE SET BY THE BOARD UNLESS THE STATE AFFILIATE CERTIFIES THAT CURRENT FEES TO THE STATE AFFILIATE ARE UNPAID AND REQUESTS THAT THE LOCAL AFFILIATE NOT BE PERMITTED TO VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD SHALL CONSIST OF BETWEEN 18 AND 24 DIRECTORS, 15 TO 21 OF WHICH SHALL BE ELECTED BY THE NATIONAL DELEGATE ASSEMBLY FROM A SLATE PRESENTED BY THE BOARD DEVELOPMENT AND GOVERNANCE OR FROM NOMINATIONS MADE AS HEREINAFTER PROVIDED AND THREE OF WHICH, THE IMMEDIATE PAST CHAIR, CHAIR, AND CHAIR-ELECT, SHALL BE ELECTED BY THE BOARD AT THE BOARD MEETING FOLLOWING THE NATIONAL DELEGATE ASSEMBLY EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7B:

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 MEMBERS, IT IS FURTHER PROVIDED THAT, NOTWITHSTANDING ANYTHING IN THE CORPORATION'S BYLAWS TO THE CONTRARY, THE MEMBERSHIP SHALL HAVE FINAL AUTHORITY ON ALL MATTERS GOVERNING AMENDMENTS TO THE CERTIFICATE OF INCORPORATION, SIZE OF THE BOARD OF DIRECTORS, ELECTION OF THE BOARD DEVELOPMENT AND GOVERNANCE COMMITTEE, ACTION RECOMMENDATIONS FROM THE BOARD OF DIRECTORS ON AMENDING THE STANDARDS OF AFFILIATION AND OTHER MISCELLANEOUS MATTERS.

Name of the organization MENTAL HEALTH AMERICA, INC.	Employer identification number 13-1614906
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FORM 990, PART VI, SECTION B, LINE 11B:

THE ACCOUNTING DEPARTMENT AND MANAGEMENT REVIEW THE DRAFT 990 FOR ACCURACY. THE FORM IS THEN FORWARDED TO THE SECRETARY/TREASURER OF THE BOARD FOR THEIR REVIEW. ONCE COMMENTS, IF ANY, 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 FIRM, WHO FILES 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 DISCLOSURE STATEMENT ANNUALLY; THE STATEMENTS ARE REVIEWED BY THE SECRETARY/TREASURER. ANY CONFLICTS OF INTEREST ARE BROUGHT BY THE SECRETARY/TREASURER TO THE EXECUTIVE COMMITTEE. THE MEMBER IS ASKED TO EXCUSE THEMSELVES IN COMMENTING OR VOTING ON ISSUES THAT ARE OR MIGHT APPEAR TO 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, LINE 19:

Name of the organization MENTAL HEALTH AMERICA, INC.	Employer identification number 13-1614906
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MHA MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). OUR WEBSITE, WWW.MHANATIONAL.ORG, IS THE MAIN SOURCE OF COMMUNICATION. IF SOMEONE CALLS OR EMAILS TO REQUEST THIS INFORMATION, IT IS SENT OUT PROMPTLY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES	1,045,178.
MANAGEMENT AND GENERAL EXPENSES	72,337.
FUNDRAISING EXPENSES	53,104.
TOTAL EXPENSES	1,170,619.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,170,619.