

Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 6 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Т

Ał	or th	e 2023 calendar year, or tax year beginning and	ending						
B c	Check if applicat	e: C Name of organization		D Employer identification number					
X	Addr	MENTAL HEALTH COALITION, INC.							
	Nam Nam			81-3992495					
	Initia returi		Room/suite	E Telephone number					
	Final returi	511 WEST 21ST STREET		(212) 71	3-6661				
	termi ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,040,132.				
	Amer	NEW TORK, NY TUUTT		H(a) Is this a group re	eturn				
	Appli dtion	F Name and address of principal officer. O BININET BIX MOONE		for subordinates	? Yes X No				
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
11	Tax-e>	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions				
	Webs			H(c) Group exemption	n number				
KF	orm c	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 2016 N	State of legal domicile: NY				
Pa	art I	Summary							
~	1	Briefly describe the organization's mission or most significant activities: THE 1	MENTAL	HEALTH COAI	LITION				
nce D		(MHC) IS A COALITION OF THE LEADING MENTA	L HEAL	TH ORGANIZA	TIONS,				
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	6				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6				
es 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	12				
vitie	6	Total number of volunteers (estimate if necessary)		6	6				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.				
				Prior Year	Current Year				
Ð	8	Contributions and grants (Part VIII, line 1h)		871,648.	1,040,069.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	63.				
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		871,648.	1,040,132.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		639,306.	1,099,595.				
u Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		96.	172.				
Expenses	b.	Total fundraising expenses (Part IX, column (D), line 25) 225,52	23.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		145,454.	512,929.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		784,856.	1,612,696.				
	19	Revenue less expenses. Subtract line 18 from line 12		86,792.	-572,564.				
s or	7		Be	ginning of Current Year	End of Year				
Assets Balanc	3	Total assets (Part X, line 16)		562,651.	143,854.				
it As	21	Total liabilities (Part X, line 26)		259,060.	410,225.				
Inet		Net assets or fund balances. Subtract line 21 from line 20		303,591.	-266,371.				
		Signature Block							
IInd	er nen	alties of periury I declare that I have examined this return, including accompanying schedules	s and stateme	nts and to the hest of my	knowledge and helief it is				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Dat	e				
-	JENNIFER MOORE, PRESIDENT	& EXECUTIVE DIRECTOR	1					
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	FRANK H. SMITH	FRANK H. SMITH	11/06/2	4 self-employed P00639053				
Preparer	Firm's name CBIZ ADVISORS, LL	С	Firn	n's EIN 88-1478669				
Use Only	Firm's address 1899 L STREET, NW	#850						
	WASHINGTON, DC 20	036	Pho	ne no. 202 – 227 – 4000				
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2023) MENTAL HEALTH COALITION, INC.	81-3992495 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: MHC'S MISSION IS TO CATALYZE LIKE-MINDED COMMUNITIES	TO WORK TOGETHER
	TO DESTIGMATIZE MENTAL HEALTH AND EMPOWER ACCESS TO VI	
	AND NECESSARY SUPPORT FOR ALL.	
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 service	ces? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	as as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	
4a		(Revenue \$)
	DESTIGMATIZING MENTAL HEALTH: MHC LEVERAGES A COLLECT:	
		DIVIDUALS TO
		E ACCESS TO
	LIFE-CHANGING MENTAL HEALTH RESOURCES, AND ENCOURAGE I STORYTELLING TO MAKING IT LESS STIGMATIZED TO SPEAK OU	MENTAL HEALTH UT ABOUT MENTAL
	HEALTH AND EMPOWER PEOPLE TO ACCESS THE HELP THEY NEED	
		· ·
	501.050	
4b		(Revenue \$)
	SOS: IN PARTNERSHIP WITH A CROSS-FUNCTIONAL GROUP OF T EXPERTS IN MENTAL HEALTH AND THE WORLD'S LEADING TECH	THE MOST PROMINENT
	MHC IS DEVELOPING THE FIRST-OF-ITS-KIND STANDARDS AND	•
	YOUTH, MAKING IT EASIER FOR PEOPLE TO DECIPHER AND DEC	
	WITH TECHNOLOGY IN WAYS THAT SUPPORT THEIR MENTAL HEAD	LTH. IN AN ERA
	WHERE DIGITAL INTERACTIONS PLAY AN INCREASINGLY SIGNI	
	LIVES, THE S.O.S. INITIATIVE IS ESTABLISHING A SET OF	
	ONLINE PLATFORMS TO SAFEGUARD AND PRIORITIZE THE MENT	AL WELLBEING OF
	YOUNG USERS.	
4c	(Code:) (Expenses \$ 71,698 . including grants of \$)	(Revenue \$
	ROADMAPS: MHC'S ROADMAPS ARE A DIGITAL CONTENT SERIES	
	ACCESSIBLE, JARGON-FREE GUIDES THAT ADDRESS COMMON MEI	
	TOPICS, SUCH AS LGBTQ+ MENTAL HEALTH, WOMEN'S MENTAL H	
	SELF-CARE, CLIMATE ANXIETY, AND MORE. ROADMAPS ARE USI	
	PEOPLE IN VARIOUS SETTINGS, INCLUDING THE WORKPLACE, SURVIVERSITIES, AND HAVE RECEIVED OVER 25 MILLION IMPRES	
	UNIVERSITIES, AND HAVE RECEIVED OVER 25 MILLION IMPRE.	3510NS.
4d	Other program services (Describe on Schedule O.)	
<u></u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,196,387.)
40	Total program service expenses 1,196,387.	Form 990 (2023)
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114

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Form	990	(2023)

 Form 990 (2023)
 MENTAL HEALTH COALITION, INC.

 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u></u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		х
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u></u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	9 12-21-23	Form	990 ((2023)

3

332003 12-21-23

2023.05000 MENTAL HEALTH COALITION, 192398_1

Form	990	(2023)

 Form 990 (2023)
 MENTAL HEALTH COALITION, INC.
 81-3992495
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L. Part I	25b		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? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31		- 23
32		20		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dor	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990	(2023)
	4			

2023.05000 MENTAL HEALTH COALITION, 192398_1

Form	990 (2023) MENTAL HEALTH COALITION, INC.		81-3992	495	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					<u> </u>
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			37
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-				37
	to file Form 8282?	1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			8		
•	sponsoring organization have excess business holdings at any time during the year?					
	Sponsoring organizations maintaining donor advised funds.			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:	10-	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	l	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	: 	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c		1		
		•		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
-	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	5			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)
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5

^{2023.05000} MENTAL HEALTH COALITION, 192398_1

Form	aan	(2023)
FUIII	990	(2023)

81-3992495 Page 6

 Form 990 (2023)
 MENTAL HEALTH COALITION, INC.
 81-3992495
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5	103	
Ĩ	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		5		
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?	2		х
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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1.0		·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b	1	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?	16a		X
b	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?	16b		
Sec	tion C. Disclosure			·
17	List the states with which a copy of this Form 990 is required to be filed NY			
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)	availal	ble
-	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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, ar	d finan	cial	
	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			
	JENNIFER MOORE - (212) 713-6661			
	603 WEST 50TH STREET, NEW YORK, NY 10019			
332006	§ 12-21-23	Forr	n 990	(2023)
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2023.05000 MENTAL HEALTH COALITION, 192398_1

Form	990	(2023)
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Part VII	Compensation of Officers, Directors	, Trustees, Key	y Employees, Highest	Compensated
	[•] Employees, and Independent Contra	actors		

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. Т

(A) Name and title	(B) Average	(do		Pos		l than c	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pei	rson i	s both r/trust	an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Offlicer	Key employee	Highest compensated employee Former		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JENNIFER MOORE PRESIDENT & EXECUTIVE DIRECTOR	40.00			x				228,091.	0.	17,230.
(2) DANIEL REIDENBERG	40.00			Δ				220,051.	0.	17,250.
DIRECTOR OF S.O.S.						x		135,785.	0.	5,453.
(3) NICOLE MORIARTY	40.00									
SR. DIR. OF PROGRAMS & PARTNERSHIPS		1				x		122,713.	0.	9,590.
(4) AMANDA ROSTON	40.00									
VP, BRAND MARKETING		1				x		103,692.	0.	2,113.
(5) KENNETH COLE	10.00									
CHAIR & CHIEF EXECUTIVE OFFICER		Х		Х				0.	0.	0.
(6) THOMAS J. RAFFA	2.50									
TREASURER		Х		Х				0.	0.	0.
(7) PAMELA BELL	2.50									_
SECRETARY		х		Х				0.	0.	0.
(8) RONALD BLAYLOCK	2.50								0	0
DIRECTOR		Х						0.	0.	0.
(9) RAY CHAMBERS DIRECTOR	2.50	x						0.	0.	0.
(10) AMANDA COLE	2.50	^						0.	0.	0.
DIRECTOR	2.50	х						0.	0.	0.
		-								
		•								
332007 12-21-23		•	•					•		Form 990 (2023)

7

332007 12-21-23

Form 990 (2023)

Form 990 (2023) MENTAL HE	EALTH CC)AL	IT	10	N,	II	ЛC	•	81-39	92495	D Pag	e 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hig	ghest	C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average			Posi	tion			Reportable	Reportable	.	Estimated	
Name and the	hours per					than or		compensation	•		amount of	
	week					s both r/truste			compensation			
	(list any	2					,	from	from related		other	
		recto						the	organizations		mpensatio	ึงท
	hours for related	or di	e			ated		organization	(W-2/1099-MIS		from the	
		stee	ruste			pens		(W-2/1099-MISC/	1099-NEC)		ganizatio	
	organizations	al tru	nal t		loye(com		1099-NEC)			nd related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	hest oloye	Former			orę	ganization	IS
	line)	Indi	Inst	Offi	Key	Highest compensated employee	Бп					
		1										
								E00 201			1 20	<u> </u>
1b Subtotal								590,281.			34,38	
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								590,281.		0. 3	34,38	б.
2 Total number of individuals (including but no							o re	ceived more than \$100	000 of reportable			
		000			010,	,						4
compensation from the organization											Yes	No
											Tes I	10
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mplo	oyee	e, or l	nig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									3		X
4 For any individual listed on line 1a, is the su												
										4	X	_
and related organizations greater than \$150												
5 Did any person listed on line 1a receive or a												37
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	berso	on				5	·	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepe	nder	it co	ontra	actors	s th	nat received more than \$	100,000 of comp	ensation f	rom	
the organization. Report compensation for t	he calendar ve	ear e	ndin	a wi	ith o	or witl	hin	the organization's tax ve	ear.			
(A)	j			5				(B)		((C)	
Name and business	address	NIC	ONE					Description of s	ervices		ensation	
		INC					+	200000000				
							-					
							T					
9 Total number of independent contractory (at 1 10-	oite d	+o.4	he-	o lieł			ro than			
2 Total number of independent contractors (ir		JUIN	nited	ιo t	-		eđ	above) who received mo	กะเกลก			
\$100,000 of compensation from the organiz	ation				0)						
										Form	n 990 (20	(23)

		(2023) MENTAL HEAL?	TH COALI	TION, INC.		81-3992	495 Page
Par	t VII	I Statement of Revenue					
		Check if Schedule O contains a respon	se or note to a		(B)	(0)	
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
ο o	1 a	Federated campaigns 1a					
unt		Membership dues 1b					
		Fundraising events 1c					
ar A		Related organizations 1d					
ŝ	е	Government grants (contributions)					
and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,040,06	59.			
Öp	g	Noncash contributions included in lines 1a-1f	24,89	7.			
ano	h	Total. Add lines 1a-1f		1,040,069.			
			Business C	ode			
2	2 a						
Revenue	b						
enu	С	·					
e v	d						
5	е		_				
	f	All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, int		63.			63
	4	other similar amounts)		05.			0.5
	4	Income from investment of tax-exempt bon	-				
	5	Royalties	(ii) Perso				
	6 -		(11) 1 6130				
	6а ь						
	b						
	c c	Not rontal incomo or (loco)					
		Gross amount from sales of (i) Securitie	es (ii) Othe				
	<i>i</i> a	assets other than inventory 7a	() 0	·····			
	h	Less: cost or other basis					
ē		and sales expenses					
venue	с	Gain or (loss) 7c					
0		Net gain or (loss)					
Other R		Gross income from fundraising events (not					
₽		including \$ of					
-		contributions reported on line 1c). See					
		Part IV, line 18	8a				
	b		8b				
		Net income or (loss) from fundraising event	s				
		Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b		9b				
	с	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances					
		•	10b				
	С	Net income or (loss) from sales of inventory					
2			Business C	ode			
no a	11 a		_				
Revenue	b		_				
Sev	С		_				
		All other revenue					
		Total. Add lines 11a-11d		1 040 120	^		
	12	Total revenue. See instructions		1,040,132.	0.	0.	63 Form 990 (202

332009 12-21-23

MENTAL HEALTH COALITION, Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	<i></i>			X
	ot include amounts reported on lines 6b, 3b, 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				
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,	045 001	110 040		
_	trustees, and key employees	245,321.	112,848.	73,595.	58,878.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	720 407	626 100	51,473.	E1 00E
7	Other salaries and wages	729,407.	626,109.	51,4/3.	51,825.
8	Pension plan accruals and contributions (include	20 670	10 761	760.	1 157
•	section 401(k) and 403(b) employer contributions)	20,678. 31,499.	<u>18,761.</u> 19,566.	10,483.	<u> 1,157</u> <u> 1,450</u> 8,163.
9	Other employee benefits	72,690.	55,998.	8,529.	<u> </u>
10 1 -	Payroll taxes	72,090.		0,529.	0,105
11	Fees for services (nonemployees):				
	Management	775.		775.	
	Legal	25.		25.	
	Lobbying	231		231	
	Professional fundraising services. See Part IV, line 17	172.			172.
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	448,490.	314,652.	37,780.	96,058.
12	Advertising and promotion		,		
13	Office expenses	2,573.		2,520.	53.
14	Information technology	•			
15	Royalties				
16	Occupancy				
17	Travel	9,319.	6,201.	2,485.	633.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,366.	10,126.	4,782.	458.
20	Interest	306.		306.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,170.		13,170.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BOOKS AND SUBSCRIPTIONS	22,244.		20,236.	2,008.
a h	MISC EXPENSE	661.	103.	558.	2,000
c	G&A ALLOCATION	0.	32,023.	-36,691.	4,668.
d			,		_,
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,612,696.	1,196,387.	190,786.	225,523
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

INC.

332010 12-21-23

Form 990 (2023)

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81-3992495 Page 11

		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			443,786.	1	69,081.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			35,801.	3	26,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	-			6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Description of the second state for some state is a second			53,939.	9	10,876.
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D	10a	97,921.			
	Ь	Less: accumulated depreciation		97,921. 60,024.	29,125.	10c	37,897.
	11	Investments - publicly traded securities	· · · · ·			11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			562,651.	16	143,854.
	17	Accounts payable and accrued expenses			20,305.	17	167,705.
	18	Grants payable			20,0000	18	2017/000
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I		a la catalla D		21	
	22	Loans and other payables to any current or form					
Liabilities	~~	trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		arties	238,755.	23	238,755.
	24	Unsecured notes and loans payable to unrelated			20077001	24	2007/001
	25	Other liabilities (including federal income tax, pa		Г		<u>_</u>	
	25	parties, and other liabilities not included on lines					
				·	0.	25	3,765.
	26	Tabal Kabilitian Add Kasa 47 Marcada 05			259,060.	26	410,225.
	20	Organizations that follow FASB ASC 958, che	ck here	X	20570000	20	110/2201
ŝ		and complete lines 27, 28, 32, and 33.					
ŭ	27				53,592.	27	-331,371.
ala	28	Net assets with donor restrictions			249,999.	28	65,000.
ЦЩ	20	Organizations that do not follow FASB ASC 9			210,000	20	
Ъ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
SSI	31	Retained earnings, endowment, accumulated in				31	
et∤	32	Total net assets or fund balances			303,591.	32	-266,371.
Ž	32	Total liabilities and net assets/fund balances			562,651.	32 33	143,854.
	33	TOTAL HADINGES AND THE ASSETS/TUND DATANCES	<u></u>		502,051.	აა	

Form **990** (2023)

Form 990 (2023) MENTAL Part X Balance Sheet

	<u>1990 (2023)</u> MENTAL HEALTH COALITION, INC.	81-39	92495	Page 12
Pa	rt 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		,132.
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	,696.
3	Revenue less expenses. Subtract line 2 from line 1	3		,564.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	303	,591.
5	Net unrealized gains (losses) on investments	5		988.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	1	,614.
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	-266	,371.
Ра	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.		
2a			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	

Form **990** (2023)

332012 12-21-23

SCH	EDU	ILE	Α

Department of the Treasury Internal Revenue Service

(F orm	000
(Form	990)

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

ı.

Name of the organization

Nam	e of t	he organization							identification number
_				COALITION, I					1-3992495
Par	tI	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	rgan	ization is not a private found							
1		A church, convention of chu				n 170(b)(1	I)(A)(i).		
2		A school described in section		·					
3 [A hospital or a cooperative						_	
4 [A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
г		city, and state:							
5 [An organization operated for		lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
- [section 170(b)(1)(A)(iv). (C							
6 [A federal, state, or local gov	-						
7 [Х	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
- [section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9 [An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
4 0 [university:	lle		and for	a salarita a si			d augus us state f
10 [An organization that norma	•	••				•	•
		activities related to its exem		•	. ,				•
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	iπer June 30, 1975.
[See section 509(a)(2). (Con					0(-)(4)		
11		An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Sneck the box on
_		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	-					- (-)	·
b		Type II. A supporting org	-				-		•
		control or management o			ame perso	ns that col	ntroi or manag	ge the supp	orted
		organization(s). You mus							al ith
С		J Type III functionally inte						ly integrate	a with,
لم		its supported organization	. , . ,	•				tod organi-	ration(a)
d		J Type III non-functionally	• •					Ũ	
		that is not functionally int			•		-	anallenin	reness
		requirement (see instructi		•					
е		Check this box if the orga					турет, туре	п, туре ш	
f	Ento	functionally integrated, or er the number of supported c		, , , , , , , , , , , , , , , , , , , ,	ng organiz	ation.			
		vide the following information	• • • • • • • • • • • • • • • • • • • •	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	ng document?	support (see ir	structions)	support (see instructions)
				above (see instructions))	163				
Total									

Schedule	A (Form 990) 2023
Part II	Suppo	rt Sc

MENTAL HEALTH COALITION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 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.")		730,999.	1758907.	871,648.	1040069.	4401623.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3		730,999.	1758907.	871,648.	1040069.	4401623.
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)						1106717.
6	Public support. Subtract line 5 from line 4.						3294906.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4		730,999.	1758907.	871,648.	1040069.	4401623.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots		0.	0.	0.	63.	63.
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.)		20,353.	750.			21,103.
11	Total support. Add lines 7 through 10						4422789.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			r	
	Public support percentage for 2023 (I		•	.,,		14	74.50 %
	Public support percentage from 2022					15	77.12 %
16 a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	• •					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported of	rganization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

	lir	ne 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
2	20 P	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
33	32023	12-21-23 Schedule /

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Pa	rt III Support Schedule for O	rganizations	Described in S	Section 509(a)	(2)		
	(Complete only if you checked	the box on line 10) of Part I or if the o	organization failed	to qualify under F	Part II. If the organiz	ation fails to
	qualify under the tests listed be	elow, please com	olete Part II.)				
Sec	ction A. Public Support		1	I	1	1	
Cale	ndar 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					_	
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	1	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) organizati	
	check this box and stop here	•			•		· .
	Public support percentage for 2023 (lin			column (f))		15	
	Public support percentage from 2022					16	
	tion D. Computation of Invest						
	Investment income percentage for 20			ne 13. column (f))		17	
18	Investment income percentage from 2						
	33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box an						[
b	33 1/3% support tests - 2022. If the						
		-					Г

% %

% %

Schedule A (Form 990) 2023

	(Form 990) 202	
Part III	Support Scl	n

MENTAL HEALTH COALITION, INC.

1

Yes No

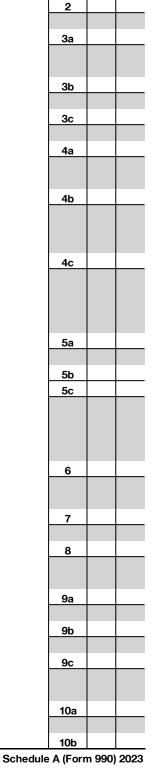
Part IV Supporting Organizations

(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

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

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Sche	edule A (Form 990) 2023	MENTAL	HEALTH	COALITION,	INC.	81-39	9249	5 Ра	age 5
Pa	rt IV Supporting Org	anizations _{(cont}	tinued)						
		·						Yes	No
11	Has the organization accept	oted a gift or contribu	ition from any	/ of the following perso	ns?				
а	A person who directly or in	directly controls, eith	er alone or to	ogether with persons d	escribed on lines 11b and				
	11c below, the governing b	ody of a supported o	organization?				11a		
b	A family member of a perso	on described on line	11a above?				11b		
с	A 35% controlled entity of a	a person described o	n line 11a or ⁻	11b above? If "Yes" to	line 11a, 11b, or 11c, provide				
	detail : Dort VI						444	. /	1

<u>detail in Part VI.</u> Section B. Type I Supporting Organizations

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

or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D. All Type III Supporting Organization	5
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			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inside the second seco	struction	S).
---	-----------	-----

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental e	entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	---------	-------------------------	-----------------	---------------------	-----------------------------

17

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

11431106 150872 192398

2023.05000 MENTAL HEALTH COALITION, 192398_1

1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	anization (see

 Schedule A (Form 990) 2023
 MENTAL HEALTH COALITION, INC.

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

81-3992495 Page 6

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

19 2023.05000 MENTAL HEALTH COALITION, 192398_1

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 - pro	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	1		10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able 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	f Total of lines 3a through 3e				
g	g Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
<u> i</u>	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:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
				Sc	hedule A (Form 990) 2023

81-3992495 Page 7

1

2

Current Year

Schedule A (Form 990) 2023

MENTAL HEALTH COALITION, INC.

192398_1

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS				
2019 AMOUNT: \$	0.			
2020 AMOUNT: \$	20,353.			
2021 AMOUNT: \$	750.			
2022 AMOUNT: \$	0.			
2023 AMOUNT: \$	0.			
332028 12-21-23		20	Sc	hedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

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

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

М

81-3992495

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 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

X 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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.

Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.
(b)	(c)
Name, address, and ZIP + 4	Total contr

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>1</u>		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>124,755.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>55,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(c)

81-3992495

(d)

MENTAL HEALTH COALITION, INC.

Name of organization

Part I

(a)

Page 2

Schedule B (Form 990) (2023)

11

(a) No.

12

No.	Name, address, and ZIP + 4	Total contributions
_		\$\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
8		
		\$50,00
-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
9		
_		\$\$
_		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
10		
		\$25,00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Part I

(a)

Employer identification number

(d)

Type of contribution

Page 2

(c)

		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b)	(c) Tatal contributions	(d) Turc of contribution
	Name, address, and ZIP + 4	Total contributions \$45,000.	Type of contribution Person X Payroll
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$25,000.	Type of contribution Person X Payroll
	(b)	(c)	(d)
-26	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)
2			

MENTAL HEALTH COALITION, INC.

81-3992495

2023.05000 MENTAL HEALTH COALITION, 192398_1

23

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	132 SHARES OF APPLE STOCK		
		\$24,897.	
(0)			
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		•	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(0)			
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Parti			
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	·	¢	
		\$	<u> </u>

24

MENTAL HEALTH COALITION, INC.

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

Schedule B (Form 990) (2023)

Employer identification number

81-3992495

323453 12-26-23

Schedule B (Form 990) (2023)

11431106 150872 192398

2023.05000 MENTAL HEALTH COALITION, 192398_1

Schedule	B (Form 990) (2023)				Page 4		
Name of o	organization				Employer identification number		
MENTA	L HEALTH COALITION, INC.				81-3992495		
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations descriptions to organizations description through (e) and the following	na line entry. For or	rganizations	hat total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$	1,000 or less for th	ne year. (Enter this info.	once.) \$		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held		
		(e) Trans	fer of gift				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee		
				•			
(a) No. from	(b) Purpose of gift	(c) Use of g	nift	(d) Des	cription of how gift is held		
Part I			, , , , , , , , , , , , , , , , , , ,	(d) Des			
		(a) T urned	for of with				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Des	cription of how gift is held		
		(e) Trans	fer of gift				
	Transferee's name, address, a	Relationship of transferor to transferee					
			N				
(a) No. from	(b) Purpose of gift	(c) Use of g	nift	(d) Doc	cription of how gift is held		
Part I			JIIL	(u) Des			
		(-)	for of sift				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee		
323454 12-26	6-23				Schedule B (Form 990) (2023)		

25 2023.05000 MENTAL HEALTH COALITION, 192398_1

SCHEDULE D)
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(Form	990)
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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.

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	COALITION,	INC.

 $\begin{array}{c} \text{Employer identification number} \\ 81-3992495 \end{array}$

I Total number at end of year (a) Donor advised funds (b) Funds and other accounts I Total number at end of year (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (b) Funds and other accounts 3 Aggregate value of grants from (during year) (c) Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) (c) Aggregate value of grants from (during year) 5 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part II Conservation easements. Complete if the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a conservation easements. Protection of natural habitat Preservation of open space Preservation of conservation easements. 2 Complete lines 2a through 2d if the organization iscutcure included on line 2a 2a 2 Complete lines 2a through 2d if the organization iscutcure included on line 2a 2a 2 Complete lines 2a through 2d if the organization iscutcure	1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) operative state at end of year (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (b) Funds and other accounts (c) Funds and other accounts 4 Aggregate value of anist from (during year) (c) Funds and other accounts (c) Funds and other accounts 5 Did the organization in form all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes (c) Ne Ne Part III Conservation Easements heid by the organization (forek-all that apply) Preservation of a historically inportant land area Protessel (c) or onervation easements heid by the organization include conservation or a conservation easement include on the organization include on line 2a (c) or fore funds habitat (c) Conservation easements include on line 2a (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (c) 3 Aggregate value at end of year (c) 5 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charltable purposes and not for the benefit of the organization accurately subject to the organization accurately inport missible or purposes conferring impermissible or that benefit of the organization accurately at grant funds can be used only for charltable purposes and not for the benefit of the organization accurately at grant funds can be used only for charltable purposes and not for the benefit of the organization answered 'Yea' on Form 990, Part III, time 7. Partial Conservation Easements held by the organization or education) Preservation of a lation or public use (for example, recreation or education) Preservation of a lation or public use (for example, recreation or education) Preservation of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation casement on the latt data at a lation at every and a conservation easements 2a 2 1 Total number of conservation easements 2a 2a 3 Number of conservation easements included on line 2a cauried attr. Juby 25, 2006, and not a variation ware property subject to conserva	Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		hilar Funds or Ad	counts. Complete if the
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$	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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. b If the organization received on Form 990, Part VIII, line 1 (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X 4 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X <					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	 of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$	 of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2023 		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 	 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 b Assets included in Form 990, Part X EtHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 	1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reven	ue statement and bal	ance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1\$	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c \$ c \$ <		of art, historical treasures, or other similar assets held for pub	lic exhibition, education, o	r research in furtherai	nce of public
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	 art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X S b Assets included in Form 990, Part X Schedule D (Form 990) 2023		service, provide in Part XIII the text of the footnote to its finan	icial statements that descri	bes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$	b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue s	tatement and balance	e sheet works of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	 (i) Revenue included on Form 990, Part VIII, line 1\$	(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: * a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023		art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
provide the following amounts relating to these items.	 (ii) Assets included in Form 990, Part X\$	 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X EHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 		provide the following amounts relating to these items.			
(i) Revenue included on Form 990, Part VIII, line 1	 (ii) Assets included in Form 990, Part X\$	 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X EHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 		(i) Revenue included on Form 990, Part VIII, line 1			\$
	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023					
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		a Revenue included on Form 990, Part VIII, line 1 \$					
	a Revenue included on Form 990, Part VIII, line 1	b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023	а		-		\$
		LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023					<u> </u>
•	b Assets included in Form 990, Part X\$						
b Assets included in Form 990, Part X \$							
•	h Assets included in Form 990 Part X						
b Assets included in Form 990, Part X \$							

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-	-	-	-	-	-		

		HEALTH COAL					81	1-39	92495	Ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Other	Similar A	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, checł	k any of the	following that	make sigi	nificant use	e of its			
	collection items (check all that apply).										
а	Public exhibition	c			change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how th	ney further th	ne organizatio	on's exemp	ot purpose	in Part 3	XIII.		
5	During the year, did the organization solicit o								-	_	-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "`	Yes" on Fo	orm 990, Pa	art IV, lii	ne 9, or		
1 a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contributior	ns or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liability	/?	∟	Yes		No
_	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Pai	t V Endowment Funds Complete if				1						
		(a) Current year	(b) I	Prior year	(c) Two year	rs back (d	d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr			g, column (a	i)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
0-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage of th			t ava halda							
Ja	Are there endowment funds not in the posses	ssion of the organiza	ation the	at are neid al	na administer	ed for the			Г	Yes	No
	organization by:									103	
	(i) Unrelated organizations?								3a(i) 3a(ii)		
h	(ii) Related organizations?								3b		
4	Describe in Part XIII the intended uses of the								50	I	
	t VI Land, Buildings, and Equipm		wittent	iunus.							
	Complete if the organization answered), Part IV	/, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or c			t or other		cumulated		(d) Book	value	<u>e</u>
		basis (investr			(other)		eciation		, , 2001	uiut	-
1a	Land		,		. ,						
b	Buildings			1							
	Leasehold improvements			1							
d	Equipment										
	Other			9	7,921.		60,024	1.	37	7,89	97.
	Add lines 1a through 1e. (Column (d) must e		X. line 1				-			7,89	
		, <u> </u>							D (Form	990)	2023

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	J-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	1-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, co	л. (В))		
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) 401(K) LIABILITY			3,765.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. co			3,765.
 Liability for uncertain tax positions. In Part XIII, provide 			

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

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Schedule D	(Form 990) 2023	MENTAL	HEALTH	COALITION,	INC.
Part VII	Investments - Of	ther Securi	ties		
	Complete if the organ	ization answer	ed "Yes" on F	orm 990, Part IV, line [.]	11b. See

Sche	dule D (Form 990) 2023 MENTAL HEALTH COALITION,	INC.	81-3992495 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per l	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses pe	r Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information		

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

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ)		
		Compensated Employees		20	ZJ)		
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nan	ne of the organizatio			identificatio		nber		
		MENTAL HEALTH COALITION, INC.	81-3	399249	5			
Ра	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o							
	Travel for com							
		ation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chet)					
L	If any of the bayes	on line to are checked, did the propriotion follow a written policy recording neuropather						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	trustees, and once							
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's	:					
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant						
		ther organizations Approval by the board or compensation of	ommittee					
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 re	lated organization:						
а	Receive a severand	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lin							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r							
а						X		
b		ation?		<u>5</u> b		X		
		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n					
	contingent on the r	-				v		
a						X X		
b		ation?		<u>6b</u>				
-		or 6b, describe in Part III.						
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x		
0		nes 5 and 6? If "Yes," describe in Part III		7				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the point described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				x		
٥				8				
9		id the organization also follow the rebuttable presumption procedure described in		9				
For	Regulations section	a 53.4958-6(c)? ion Act Notice, see the Instructions for Form 990.		ule J (Forn	000	2002		
FOr	r aper work neulici		Sched	aule o (Forn	1 990)	2023		

LHA 332111 11-06-23

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER MOORE	(i)	202,676.	25,415.	0.	9,123.	8,107.	245,321.	0.
PRESIDENT & EXECUTIVE DIRECTOR	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
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	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE	0
(Form 990)	

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



81-3992495

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

MENTAL HEALTH COALITION,

BRANDS, AND INDIVIDUALS WHO HAVE JOINED FORCES TO END THE DEBILITATING

STIGMA SURROUNDING MENTAL HEALTH AND TO CHANGE THE WAY PEOPLE TALK

ABOUT, AND CARE FOR, MENTAL ILLNESS.

FORM 990, PART VI, SECTION B, LINE 11B:

MHC HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL FORM 990.

AFTER REVIEW BY THE TREASURER, THE DRAFT FORM 990 IS PROVIDED TO THE FULL

BOARD OF DIRECTORS BEFORE IT IS SIGNED BY THE TREASURER AND FILED WITH THE

INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH

PERSON:

- HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,

- HAS READ AND UNDERSTANDS THE POLICY,

- HAS AGREED TO COMPLY WITH THE POLICY, AND

- UNDERSTANDS THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION C, LINE 19:

MHC MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE

TO THE PUBLIC UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 33

Name of the organization MENTAL HEALTH COALITION, INC.	Employer identification number 81-3992495
MENTRE HEADTH COADTITION, INC.	01-3992493
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	255,378.
MANAGEMENT AND GENERAL EXPENSES	28,800.
FUNDRAISING EXPENSES	86,000.
TOTAL EXPENSES	370,178.
MARKETING AND ADVERTISING:	
PROGRAM SERVICE EXPENSES	58,689.
MANAGEMENT AND GENERAL EXPENSES	328.
FUNDRAISING EXPENSES	58.
TOTAL EXPENSES	59,075.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	585.
MANAGEMENT AND GENERAL EXPENSES	48.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	633.
TECHNOLOGY SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,163.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,163.
VIDEO PRODUCTION:	
PROGRAM SERVICE EXPENSES	0.
332212 11-14-23 34	Schedule O (Form 990) 202

Schedule O (Form 990) 2023 Name of the organization MENTAL HEALTH COALITION, INC.	Pag Employer identification numbe 81-3992495
MANAGEMENT AND GENERAL EXPENSES	2,100.
FUNDRAISING EXPENSES	10,000.
TOTAL EXPENSES	12,100.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,341.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,341.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	448,490.