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PUBLIC DISCLOSURE COPY

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2018, or fiscal year beginning JUL 1 , 2018, and ending JUN 30

Department of the Treasury	▶ Do not send to the IRS. Keep for your records.		2010
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer	identification number
TRANSITIONS/M	ENTAL HEALTH ASSOCIATION	95-3	509040
Name and title of officer			
JAMES HAAS	T.C.T.O.D.		
EXECUTIVE DIR			
	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable and the content of the content of the applicable and the content of the content of the applicable and the content of the content of the applicable and the content of the content of the applicable and the content of the applicable and the content of the applicable and	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	13,948,289.
2a Form 990-EZ check he			
3a Form 1120-POL check	. $\square$		
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
	I declare that I am an officer of the above organization and that I have examined a copy		
return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected	I institution account indicated in the tax preparation software for payment of the organiz stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reelectronic funds withdrawal.  box only	. Treasury finstitutions d resolve is	Financial Agent at s involved in the ssues related to the
X Lauthorize GL	ENN BURDETTE	to enter m	12345
Tadinonze <u>——</u>	ERO firm name	to criter in	Enter five numbers, b
is being filed wit enter my PIN on As an officer of t	on the organization's tax year 2018 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen.  The organization, I will enter my PIN as my signature on the organization's tax year 2018 this return that a copy of the return is being filed with a state agency(ies) regulating chains.	thorize the electronica	aforementioned ERO to
	nter my PIN on the return's disclosure consent screen.	oo ao pa	
Officer's signature 🕨	Date ▶		
Part III   Certifica	tion and Authentication		
	our six-digit electronic filing identification		
•	y your five-digit self-selected PIN.  77414412345  Do not enter all zeros		
•	meric entry is my PIN, which is my signature on the 2018 electronically filed return for the ng this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF as Returns.	-	
ERO's signature 🕨	Date ▶		
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

TRANSITIONS/MENTAL HEALTH ASSOCIATION P.O. BOX 15408 SAN LUIS OBISPO, CA 93406

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Halalalalalillaaailllaallaaalallaalilal

### EXTENDED TO JULY 15, 2020

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Internal Revenue Service

▶ 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.

Open to Public

ΑI	For the	2018 calendar year, or tax year beginning $\mathrm{JUL}1,2018$	nding J	UN 30, 2019	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Address change	TRANSITIONS/MENTAL HEALTH ASSOCIATION			
	Name change	Doing business as		95-3	509040
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)  P.O. BOX 15408	Room/suite	E Telephone numbe	r 540–6500
	Final return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	14,225,132.	
	Amende Teturn			H(a) Is this a group re	
	Applica tion	F Name and address of principal officer: JILL BOLSTER-WHITE		for subordinates	
	pending	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) ( )	527	If "No," attach a	list. (see instructions)
		e: ► WWW.T-MHA.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1979 N	M State of legal domicile: CA
P		<b>Summary</b> Briefly describe the organization's mission or most significant activities: HELP	CHILD	דות אודה אחדו	דישה אדשה
ce	1 E	MENTAL ILLNESS LIVE, WORK AND GROW IN OUR	COMM	TINTTY.	HIS MIIII
Governance	I -	Check this box if the organization discontinued its operations or dispose			ssets
Ş.	1	- · · · · · · · · · · · · · · · · · · ·		3	19
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			19
es 8		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			419
Activities &	6 1	otal number of volunteers (estimate if necessary)		6	1771
Acti	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	1 <b>d</b>	Net unrelated business taxable income from Form 990-T, line 38	·····		0.
				Prior Year 11,644,679.	Current Year 12,468,475.
Revenue	1	Contributions and grants (Part VIII, line 1h)		1,039,368.	
	1	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,601.	
æ		Other revenue (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e)		364,042.	337,700.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,054,690.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		8,453,625.	
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)	. <u>.</u>	0.	0.
Ϋ́	b⊺	otal fundraising expenses (Part IX, column (D), line 25)		F 012 207	4 070 010
_	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,013,387. 13,467,012.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-412,322.	
or es	ן פו	Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year
ets (	20 1	otal assets (Part X, line 16)		13,530,160.	14,577,911.
Ass d Ba	21 7	otal liabilities (Part X, line 26)		4,542,766.	
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20		8,987,394.	8,902,173.
Pa	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
٥.		Signature of officer		 Date	
Sig		JILL BOLSTER-WHITE, EXECUTIVE DIRECTOR		Buto	
Hei	e	Type or print name and title	•		
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai		SHERRI Y. PARKINSON, CPA		if self-employ	P00672488
Pre	parer	Firm's name GLENN BURDETTE		Firm's EIN	95-2772601
Use	Only	Firm's address 1150 PALM STREET			
		SAN LUIS OBISPO, CA 93401		Phone no.80	5-544-1441
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2018) TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 2
Pai	t III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TRANSITIONS - MENTAL HEALTH ASSOCIATION IS A NONPROFIT ORGANIZATION
	DEDICATED TO ELIMINATING STIGMA AND PROMOTING RECOVERY AND WELLNESS
	FOR PEOPLE WITH MENTAL ILLNESS THROUGH WORK, HOUSING, COMMUNITY AND
	FAMILY SUPPORT SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 4,177,270 • including grants of \$ ) (Revenue \$
	MENTAL HEALTH TREATMENT SERVICES:
	PROMOTING THE POWER OF SUPPORT FROM PEOPLE WITH LIVED EXPERIENCE WITH
	MENTAL ILLNESS, THE ORGANIZATION RUNS DROP-IN CENTERS AND PEER SERVICES
	THAT PROVIDE MULTIPLE OPPORTUNITIES FOR PEER GATHERINGS, ONE-ON-ONE
	MENTORING, AND PERSONAL GROWTH. THE ORGANIZATION ALSO PROVIDES 24/7
	CLINICAL SERVICES WHERE AND WHEN THEY ARE NEEDED. SERVICES INCLUDE
	PSYCHIATRIC CARE, HOUSING ASSISTANCE, SUBSTANCE ABUSE RECOVERY, HEALTH, FINANCIAL, EDUCATION, EMPLOYMENT AND SOCIAL SUPPORT.
	FINANCIAL, EDUCATION, EMPLOYMENT AND SOCIAL SUPPORT.
	-
4b	(Code: ) (Expenses \$ 5,108,187. including grants of \$ ) (Revenue \$ 1,137,129.)
	HOUSING SERVICES:
	THE ORGANIZATION OFFERS HOUSING SERVICES TO OVER 300 INDIVIDUALS EACH
	YEAR, AT EVERY LEVEL OF NEED. WE ASSIST OUR CLIENTS IN CREATING AND
	SUSTAINING A HOME THEY CAN COUNT ON. THE ORGANIZATION BOTH OWNS AND MASTER-LEASES SUPPORTIVE HOUSING PROPERTIES THROUGHOUT SAN LUIS OBISPO
	AND NORTH SANTA BARBARA COUNTIES.
	MONITE DANIA DANDARA COUNTED.
4c	(Code:) (Expenses \$1,173,808. including grants of \$) (Revenue \$)
	VOCATIONAL SERVICES:
	THE ODGINITATION PROVIDED ON COING TOR GURDODE AND ENDIOUMENT MEGRAGARY
	THE ORGANIZATION PROVIDES ON-GOING JOB SUPPORT AND EMPLOYMENT NECESSARY FOR HELPING INDIVIDUALS WITH MENTAL ILLNESSES TO CHOOSE, ACQUIRE AND
	KEEP COMPETITIVE EMPLOYMENT. WORK PROGRAMS INCLUDE THREE SOCIAL
	ENTERPRISES THAT HELP INDIVIDUALS LIVING WITH A MENTAL ILLNESS FIND AND
	MAINTAIN EMPLOYMENT WHILE PROVIDING THE SUPPORT NECESSARY TO ENSURE
	SUCCESS.

Other program services (Describe in Schedule O.)

2,084,990 • including grants of \$
2 expenses 12,544,255 •

48,906.)

4e Total program service expenses

#### 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?	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		$ _{\mathbf{x}}$
<b>L</b>	Schedule D, Parts XI and XII  Was the experiencing included in consolidated independent sudited financial attemparts for the tay year?	12a		
D	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18	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,"	10		$\vdash$
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X

832003 12-31-18

	1990 (2018) TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509  Triv Checklist of Required Schedules (continued)			age 4
			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		х
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		х
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			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	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		х
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ا ۔۔
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
J	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?	1000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			İ
		38	Х	L
Pa	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	53			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	

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

2a 419  b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 46 federal embouryment tax returns?  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 46 federal embouryment tax returns?  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 46 federal embouryment as a burn of lines 1 and 2a is greater than 250, you may be required to 46 federal embouryment as a burn account, and the sum of lines 1 and 2a is greater than 250, you may be required to 46 federal and 2a is greater than 250, you may be required to 46 federal as countify 26 federal 1 and 2a is greater than 250, you may be remained as countify 26 federal 1 and 2a is greater than 250, provides an explanation and she authority over, a framchal account in a foreign country.  5a If Yes's 1 one 16 and 26 federal 2a is greater than 4 is a second 1 and 2a is greater than 2a is greater					Yes	No
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b If Yes, *has it field a Form 990-T for this year? If *No* to the 3b, provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); or the financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization and the organization that it was or is a party to a prohibited tax wheter transaction?  5c If Yes* to line 5a or 5b, did the organization the Form 8896-T2.  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6d If Yes* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b If Yes*, 'field the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 organizations that may receive deductible contributions and a party for goods and services provided to the payof?  7 organizations that may receive deductible contributions under section 170(c).  8 b If Yes*, 'field the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible the organization with th	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year;  b if "Yes," has the did a Form 990-T for this year? If "No" for far 3b, your other family and account?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; such as a bank account; source or other financial account?  4a X  b if "Yes," enter the name of the foreign country; by  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited fax shelter transaction at any time during the tax year?  5b Did any trashelp entry nority here organization that it was or is a party to a prohibition that were not tax deductibles or a contribution or any to a prohibition shelt are not tax deductibles and contributions?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  7c Organizations than thany receive deductible contributions an express statement that such contributions or gifts were not tax deductibles?  7r Organizations that many receive deductible contributions under section 170(c).  8a With the organization receive a payment in excess of \$5 made party as a contribution of quality of your did the organization receive a payment in excess of \$5 made party as a contribution of quality of your did to the payment of your section of the value of the goods or services provided?  7c Did the organization receive a payment in excess of \$5 made party as a contribution of your and your and your and your and		filed for the calendar year ending with or within the year covered by this return	2a 419			
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d If "Yes," indicate the number of Forms 8282 filed during the year  Publisher organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  X  77  X  78  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  79  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8  Sponsoring organization make any taxable distributions under section 49667 bit the sponsoring organization make any taxable distributions under section 49667  9  Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9  Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  11a	Ū		•	7c		х
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
	16		t income?	16		Х

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
			_		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19										
	If there are material differences in voting rights among members of the governing body, or if the governing		- 1										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		- 1										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other	- 1										
	officer, director, trustee, or key employee?												
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisio	n										
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?		4		X							
5													
6	Did the organization have members or stockholders?			6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint 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, s	tockholders, 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		- 1										
а	The governing body?			8a	X								
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 real	ched at the											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)											
			-		Yes	No							
	Did the organization have local chapters, branches, or affiliates?			10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl												
	and branches to ensure their operations are consistent with the organization's exempt purposes? $_{\dots}$		Г	10b	37								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the	form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		- 1		37								
12a				12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			37								
	in Schedule O how this was done		·····	12c	X								
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 approve												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 1		v								
a	The organization's CEO, Executive Director, or top management official			15a	Х	X							
a	Other officers or key employees of the organization		·····	15b		_ A							
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mant with -	- 1										
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger		- 1	16-		Х							
	taxable entity during the year?		·····	16a									
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is in the organization to evaluation is in the organization of the organization to evaluation in the organization of												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such a graph and take steps to safeguard the organization.		- 1	4Ch									
800	exempt status with respect to such arrangements? tion C. Disclosure			16b									
17 10	List the states with which a copy of this Form 990 is required to be filed CA  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, or	nd 000 T (Sostion 7	501/5)/2)-	0010	aveil.	abla							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	เน ฮฮบ-า (อยดแดก ซ	) (U)(J)S	or iiy)	avalla	auie							
		in Schedule O)											
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	diev and	finan	cial								
19	statements available to the public during the tax year.	innoi oi interest po	nicy, and	man	cial								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oke and records											
20	RAVEN LOPEZ - 805-540-6500	ons and records											
	784 HIGH STREET, SAN LUIS OBISPO, CA 93401												

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			(C Pos	ition			(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and the	hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES HAAS	5.00			x				0.	_	0
PRESIDENT	2.00	Х		Δ.				0.	0.	0.
(2) BARBARA FISCHER	2.00	X		х				0.	0.	0
VICE PRESIDENT	3.00	^		^				0.	0.	0.
(3) CAROL ARMSTRONG	3.00	X		х				0.	0.	0.
SECRETARY (4) CINDY JOHNSON	3.00	^		Δ				0.	0.	0.
(4) CINDY JOHNSON TREASURER	3.00	X		х				0.	0.	0.
(5) CASEY APPELL	1.00	^		^				0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(6) DAVE BERNHARDT	1.00							· ·	0.	•
BOARD MEMBER	1.00	x						0.	0.	0.
(7) JOSEPH C. GALLAS	1.00								•	•
BOARD MEMBER	1,00	x						0.	0.	0.
(8) JEREL HALEY	1.00	<del> </del>								
BOARD MEMBER		x						0.	0.	0.
(9) STEVE JOBST	1.00							-		
BOARD MEMBER		Х						0.	0.	0.
(10) LISA KATHERMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MARIA LEGATO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DEBORAH LINDEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ADAM NEWTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) SHELLEY NORTHROP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) BRAD RUDD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JEANIE SLEIGH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) LISA THORNHILL	1.00	]_ [						_	_	-
BOARD MEMBER		Х						0.	0.	0 • Form <b>990</b> (2018)

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Form **990** (2018

Page 8

Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
(A)	(B)			_	C) ition	,		(D)	(E)		_	(F)	
Name and title	Average hours per	Position (do not check more that box, unless person is to				than		Reportable	Reportable			imated	
	week					ıs bot or/trus		compensation from	compensatio from related			ount o	т
	(list any	ro	2					the	organizations			oensat	ion
	hours for	direc				D.		organization	(W-2/1099-MIS			om the	
	related	tee or	stee			ensate		(W-2/1099-MISC)	· ·	,		anizatio	
	organizations	l trus	nal tru		)yee	ompe					and	l relate	d
	below	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	nizatio	ns
	line)	ip ip	lust	ij	Key	Hig	윤				<u> </u>		
(18) TIM WILLIAMS	1.00	l											_
BOARD MEMBER	1 00	Х						0.		0.	<u> </u>		0.
(19) STEPHANIE BAISA WILSON	1.00	,,								^			^
BOARD MEMBER	40.00	Х				_		0.		0.			0.
(20) JILL BOLSTER-WHITE	40.00			7.				100 145		^	2.	C E 1	1
EXECUTIVE DIRECTOR	40 00			Х		-		123,145.		0.		5,51	_ ⊥ •
(21) RICHARD WOLFE	40.00							99,766.		0.	3.	1 1 5	. 0
FINANCE DIRECTOR	40.00			Х		-		99,700.		0.		L,15	9.
(22) MEGAN BOAZ-ALVAREZ	40.00					X		100,931.		0.	,	3,17	7 5
CLINICAL DIRECTOR			-			^		100,931.		0.	<b>—</b>	), I	<b>5</b> .
						$\vdash$				-			
						-							
1b Sub-total	1		<u> </u>		l	1		323,842.		0.	5!	5,84	<u>.</u> 5.
c Total from continuation sheets to Part V	II Section A							0.		0.		,	0.
d Total (add lines 1b and 1c)								323,842.		0.	5!	5,84	
Total number of individuals (including but r								-	0.000 of reportab	e		•	
compensation from the organization						-,		• • • • • • • • • • • • • • • • • • • •	,	_			2
												Yes	No
3 Did the organization list any <b>former</b> officer,	director, or tru	ıste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	ļ			
line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>ithir</u>	n the organization's tax	year.				
(A)				_				(B)			(C		
Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		comper	sation	
							$\dashv$						
							$\dashv$						
							$\dashv$						
O Tatalasanh (1)	ta a ta a tra			-1 •	1.			d -1 \	Al-				
2 Total number of independent contractors ( \$100,000 of compensation from the organi		ot li	mıte	a to	tno (	se li:	stec	a above) who received m	nore than				
											-		

Form 990 (2018) TRANSIT
Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part VIII			
		Officer if Schedule O conta	airis a response	or note to arry iiii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0. (0.						revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Sra ou	b	Membership dues	1b					
s, (	c	Fundraising events	1c	77,806.				
a it		Related organizations						
aj.		Government grants (contributi		11,922,348.				
Sign		All other contributions, gifts, grant		, ,				
er E		similar amounts not included abov		468,321.				
등등								
o p	_	Noncash contributions included in lines		1,993.	40 460 455			
<u>a</u>	h	Total. Add lines 1a-1f			12,468,475.			
				Business Code				
e e	2 a	PROGRAM RENTAL INCOME		532000	1,137,129.	1,137,129.		
e Ž	b	)						
S	c	•						
e a	d	1						
Pg	e							
Program Service Revenue								
		All other program service reve			1,137,129.			
$\overline{}$		Total. Add lines 2a-2f			1,137,129.			
	3	Investment income (including			4 005			4 005
		other similar amounts)			4,985.			4,985.
	4	Income from investment of tax	k-exempt bond p	oroceeds				
	5	Royalties	<u></u>					
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
ø	8 a	Gross income from fundraising	g events (not					
		including \$ 77						
Š		contributions reported on line						
ĕ		Part IV, line 18	•	23,756.				
Other Reven								
ŏ		Less: direct expenses			0.750			0.750
		Net income or (loss) from fund		<b>&gt;</b>	-9,750.			-9,750.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses	b					
	c	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances		541,881.				
	h	Less: cost of goods sold		<del></del>				
		Net income or (loss) from sale			298,544.	298,544.		
					230,344.	250,544.		
		Miscellaneous Revenu	<u>e                                      </u>	Business Code	40.005	40.005		
		MISCELLANEOUS		900099	48,906.	48,906.		
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d			48,906.			
	12	Total revenue. See instructions			13,948,289.	1,484,579.	0	4,765.

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

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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,	144 005		144 005	
	trustees, and key employees	144,025.		144,025.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	7 200 055	6 500 506	506 560	00 760
7	Other salaries and wages	7,328,855.	6,703,526.	596,569.	28,760
8	Pension plan accruals and contributions (include	100 200	152 652	25 524	485
	section 401(k) and 403(b) employer contributions)	189,379.	153,670.	35,534.	175
9	Other employee benefits	860,457.	768,682.	90,973.	802
10	Payroll taxes	631,875.	567,945.	61,217.	2,713
11	Fees for services (non-employees):				
а	• • • • • • • • • • • • • • • • • • • •				
b	9				
С	J				
d	, , , , , , , , , , , , , , , , , , , ,				
е	,				
f	Investment management fees				
g	` '	201 502	04 015	206 267	220
	column (A) amount, list line 11g expenses on Sch 0.)	381,502.	94,915.	286,367.	5,330
12	Advertising and promotion	22,774. 162,260.	15,439.	2,005. 18,037.	4,332
13	Office expenses		139,891.		4,334
14	Information technology	43,191.	34,856.	8,335.	
15	Royalties	2,012,213.	1 060 602	12 620	903
16	Occupancy	2,012,213.	1,968,682.	42,628.	903
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	137,346.	120,650.	16,440.	256
20	Interest	131,340.	140,030.	10,440.	430
21	Payments to affiliates	236,001.	176,186.	59,815.	
22	Depreciation, depletion, and amortization	77,103.	74,867.	1,936.	300
23	Other expanses, Itemize expanses not severed	11,103.	74,007.	1,330.	300
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CIIDDITER C CADEMAI DIIDC	1,059,127.	1,059,127.		
a b	DECDERMICAL C OF TENM DVD	235,932.	235,932.		
C	STAFF DEVELOPMENT & TRA	187,453.	152,411.	31,042.	4,000
d	TRANSPORTATION	186,959.	180,182.	6,629.	148
	All other expenses	137,058.	97,294.	21,606.	18,158
е 25	Total functional expenses. Add lines 1 through 24e	14,033,510.	12,544,255.	1,423,158.	66,097
25 26	Joint costs. Complete this line only if the organization			1,123,1304	50,051
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-31-18				Form <b>990</b> (2018

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			405,503.	1	1,742,430.
	2	Savings and temporary cash investments			1,528,231.	2	187,681.
	3	Pledges and grants receivable, net	2,143,648.	3	1,763,478.		
	4	Accounts receivable, net	16,094.	4	20,983.		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ş		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use			132,101.	8	143,652.
	9	Prepaid expenses and deferred charges			258,156.	9	279,148.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,369,210.			
	b	Less: accumulated depreciation		3,928,671.	9,046,427.	10c	10,440,539.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			13,530,160.	16	14,577,911.
	17	Accounts payable and accrued expenses	974,647.	17	1,192,710.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			2 560 440	22	4 400 000
_	23	Secured mortgages and notes payable to unrela			3,568,119.	23	4,483,028.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D		<b>—</b>	1 510 766	25	F 67F 720
	26	Total liabilities. Add lines 17 through 25			4,542,766.	26	5,675,738.
		Organizations that follow SFAS 117 (ASC 958		ck here   LA  and			
ces		complete lines 27 through 29, and lines 33 an			4,740,239.	0=	5,613,089.
<u>a</u>	27	Unrestricted net assets			4,247,155.	27	3,289,084.
Ва	28	Temporarily restricted net assets			4,247,133.	28	3,203,004.
pr	29			0) -11-1		29	
Ę.		Organizations that do not follow SFAS 117 (A	SC 95	s), check here			
S		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed		_		31	
Net	32	Retained earnings, endowment, accumulated in		<b>—</b>	8,987,394.	32	8,902,173.
-	33	Total link liking and not assets (fund balances		II.	13,530,160.	33	14,577,911.
	34	Total liabilities and net assets/fund balances			TO, DOO, TOU.	34	<u> </u>

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		,94		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	.,03		
3	Revenue less expenses. Subtract line 2 from line 1	3			5,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,98	7,3	94.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	8	,90	2,1	73.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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 in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis X 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 th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	udit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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

Open to Public Inspection

TRANSITIONS/MENTAL HEALTH ASSOCIATION

**Employer identification number** 95-3509040

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
Γhe	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Ш	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in <b>section 170(b)</b>	( <b>1)(A)(vi).</b> (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma						
		activities related to its exen	-	•				
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	,				20/ 3/43	
11		An organization organized	•	•	•			
12		An organization organized a	=	•	•		•	
		more publicly supported or						check the box in
_		lines 12a through 12d that <b>Type I.</b> A supporting orga				•	· · · · · ·	, aivina
а		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•			
		organization. <b>You must o</b>			a majority	or the dire	ctors or trustees or the s	supporting
b		Type II. A supporting org	=		tion with it	e sunnort	ed organization(s), by ha	avina
~		control or management o	· ·					-
		organization(s). You mus			arrio poroc	)	ontrol of manage the out	portod
С		Type III functionally inte			in connec	tion with.	and functionally integrate	ed with.
		its supported organizatio					• •	,
d		Type III non-functionally		•				ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information		•	(iv) le the orga	nization listed		
	(	<ul><li>i) Name of supported organization</li></ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization —		above (see instructions))	Yes	No		Support (See mondenis)
Γota	al							

Schedule A (Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9453622.	10046379.	11906737.	11644679.	12468475.	55519892.
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						
4	Total. Add lines 1 through 3	9453622.	10046379.	11906737.	11644679.	12468475.	55519892.
	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)						
6	Public support. Subtract line 5 from line 4.						55519892.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	9453622.	10046379.	11906737.	11644679.	12468475.	55519892.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,991.	3,344.	2,802.	6,601.	4,985.	21,723.
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.)						
11	<b>Total support.</b> Add lines 7 through 10						55541615.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 10	,751,531.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	99.96 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	99.96 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			<b>▶</b> X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	nis box
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	t - <b>2018.</b> If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	nis box and <b>stop h</b>	<b>nere.</b> Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	t - <b>2017.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	nd see instruction	ıs ▶∟

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
alendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
1 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>b</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						
B Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
lendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Amounts from line 6	(u) 2014	(5) 2010	(6) 2010	(4) 2017	(6) 2010	(i) rotal
a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on  Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)		lo firet assert the	المالية		n 501/5\/0\ =::	
First five years. If the Form 990 is for the	•			•		· -
check this box and stop hereection C. Computation of Public	Support Da	roontago				PL
<u> </u>					l de l	
Public support percentage for 2018 (lin					15	
Public support percentage from 2017 S					16	
ection D. Computation of Invest			ma 40 li /01		47	
Investment income percentage for 201					17	
Investment income percentage from 20	•				18	
9a 33 1/3% support tests - 2018. If the o	-					ie 17 is not
more than 33 1/3%, check this box and						▶∟
<b>b 33 1/3% support tests - 2017.</b> If the o	•			•		
line 18 is not more than 33 1/3%, chec	this hox and s	ton here. The orga	nization qualifies :	ae a nublicky eunno	orted organization	n 🛌

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	(oonsingod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		İ
Sec	tion 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 yea(see instructions)	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	S).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		i .

Schedule A (Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction						
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
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 1-1/2% 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 .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 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-functional	ly integr	ated Type III supporting org	ganization (see		

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	τV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>				
Secti	ion D -	Distributions		,	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amou							
	organ	izations, in excess of income from activity						
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns				
4	Amou	ints paid to acquire exempt-use assets						
5	Qualif	ied set-aside amounts (prior IRS approval required)						
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.						
7	Total	annual distributions. Add lines 1 through 6.						
8		outions to attentive supported organizations to which the	ne organization is responsive	e				
	(provi	de details in <b>Part VI</b> ). See instructions.						
9	Distrik	outable amount for 2018 from Section C, line 6						
10	Line 8	B amount divided by line 9 amount		I				
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distrik	outable amount for 2018 from Section C, line 6						
2	Unde	rdistributions, if any, for years prior to 2018 (reason-						
	able c	cause required- explain in <b>Part VI</b> ). See instructions.						
3	Exces	ss distributions carryover, if any, to 2018						
а	From	2013						
b	From							
С	From							
d	From							
е	From							
f	Total	of lines 3a through e						
g	Applie	ed to underdistributions of prior years						
h	Applie	ed to 2018 distributable amount						
i	Carry	over from 2013 not applied (see instructions)						
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distrik	outions for 2018 from Section D,						
	line 7:	\$						
а	Applie	ed to underdistributions of prior years						
b	Applie	ed to 2018 distributable amount						
С	Rema	inder. Subtract lines 4a and 4b from 4.						
5		ining underdistributions for years prior to 2018, if						
		Subtract lines 3g and 4a from line 2. For result greater						
		zero, explain in <b>Part VI.</b> See instructions.						
6		ining underdistributions for 2018. Subtract lines 3h						
	and 4	b from line 1. For result greater than zero, explain in						
	Part \							
7	Exces	ss distributions carryover to 2019. Add lines 3j						
	and 4							
8		down of line 7:						
		ss from 2014						
		ss from 2015						
		ss from 2016						
d	Exces	ss from 2017						

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule B

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

Name of the organization

Employer identification number

95-3509040 TRANSITIONS/MENTAL HEALTH ASSOCIATION Organization type (check one):

Filers of		Section:				
Form 990	or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> 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	vour organization is	covered by the <b>General Rule</b> or a <b>Special Rule</b> .				
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special l	Rules					
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; 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.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \$				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

#### TRANSITIONS/MENTAL HEALTH ASSOCIATION

95-3509040

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,329,269.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,526,473.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 697,278.	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	- Humo, dudi coo, dira Zir 1 1	\$ 606,767.	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		\$ 306,074.	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
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### TRANSITIONS/MENTAL HEALTH ASSOCIATION

95-3509040

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
*			
3453 11-08		\$	990 990-F7 or 990-PF) (20

**Employer identification number** 

Name of organization

95-3509040 TRANSITIONS/MENTAL HEALTH ASSOCIATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TRANSITIONS/MENTAL HEALTH ASSOCIATION

**Employer identification number** 95 - 3509040

Schedule D (Form 990) 2018

Pai	t I Organizations Maintaining Donor Advise			ds or Accou	Ints Complete if the
ı aı				us of Accou	into.Complete il trie
	organization answered "Yes" on Form 990, Part IV, lin		r advised funds	/b) Euro	ds and other accounts
	T		advised fullus	(b) i di	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	$\operatorname{Did}$ the organization inform all donors and donor advisors in	writing that the a	ssets held in donor ad	vised funds	
	are the organization's property, subject to the organization's	exclusive legal c	ontrol?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing	that grant funds can b	oe used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor,	or for any other purpos	se conferring	
	impermissible private benefit?				Yes No
Pai		ganization answe	red "Yes" on Form 990	), Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or e		Preservation of a hi	storically impor	tant land area
	Protection of natural habitat		Preservation of a ce		
	Preservation of open space	_		ortinoa motorio	
2	Complete lines 2a through 2d if the organization held a quali	find conservation	contribution in the for	m of a consorv	ation assement on the last
_		neu conservation	CONTRIBUTION IN THE ION	III OI a conserv	Held at the End of the Tax Year
_	day of the tax year.			0-	Tield at the Liid of the Tax Teal
a	Total number of conservation easements				
b					
С	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired	•		l	
	listed in the National Register				
3	Number of conservation easements modified, transferred, re	leased, extinguis	hed, or terminated by t	the organization	n during the tax
	year ▶				
4	Number of states where property subject to conservation ea	sement is located	d ▶	_	
5	Does the organization have a written policy regarding the pe	riodic monitoring	inspection, handling of	of	
	violations, and enforcement of the conservation easements i	it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of viola	tions, and enforcing co	onservation eas	sements during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations	, and enforcing conser	vation easeme	nts during the year
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the req	uirements of section 17	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			. , . , . , . ,	Yes No
9	In Part XIII, describe how the organization reports conservation				
_	include, if applicable, the text of the footnote to the organiza		· ·		
	conservation easements.				nerr o decedarian ig rer
Pai	t III Organizations Maintaining Collections o	f Art. Historic	cal Treasures. or	Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS			ement and hal	ance sheet works of art
	historical treasures, or other similar assets held for public exl	* *	•		
	the text of the footnote to its financial statements that descri		ii, oi receareir iii iarare	rance of public	osivios, provido, irri dit XIII,
b	If the organization elected, as permitted under SFAS 116 (AS		in ite rovonuo etatomo	ont and balance	shoot works of art historical
b					
	treasures, or other similar assets held for public exhibition, e	ducation, or rese	arch in furtherance of p	oublic service,	brovide the following amounts
	relating to these items:			_	Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			_	\$
_					\$
2	If the organization received or held works of art, historical tre			cial gain, provid	le
	the following amounts required to be reported under SFAS 1		-		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

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

	t III Organizations Maintaining C	Collections of A						Seets/co		
3	Using the organization's acquisition, accessi									
3	(check all that apply):	on, and other record	15, CHEC	k arry or tire	iollowing tha	l ale a Si	grillicarit use	OI ILS COIIEC	, tion ite	1115
а	Public exhibition	d		l oan or ove	hango progra	me				
a b										
	Scholarly research Preservation for future generations	-		Oli 161						
C 4		alloations and avalai	n how th	ov further t	ho organizati	on'e over	mnt nurnaca i	n Dort VIII		
4	Provide a description of the organization's concluding the year, did the organization solicit of							n Part Alli.		
5	to be sold to raise funds rather than to be man							Yes	. г	□ No
Pai	t IV Escrow and Custodial Arran									
ı uı	reported an amount on Form 990, Pa		ete ii tile	organizatio	ii alisweleu	165 011	1 01111 990, F2	utiv, iiie ə	, 01	
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?							Yes	, Г	□ No
b	If "Yes," explain the arrangement in Part XIII							—	_	
-	······································	and complete are re						Amo	unt	
С	Beginning balance						1c	,		
	Additions during the year									
	Distributions during the year									
f	Ending balance									
) 22	Did the organization include an amount on F							Yes	, [	No
	If "Yes," explain the arrangement in Part XIII.						•			= ''
Pai									<u>L</u>	
		(a) Current year		rior year	(c) Two year		(d) Three years	hack (a) F	our vea	rs back
12	Beginning of year balance	(a) Carront your	(2)1	nor your	(c) in a year	o buok	(a) Timoo youro	Juon (C)	our you	10 buon
b	Contributions									
0										
ن م	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
T	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cur	•		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd administe	red for th	ne organizatio	n	_	
	by:								Yes	s No
	(i) unrelated organizations							3a	(i)	
								3a	(ii)	
b	If "Yes" on line 3a(ii), are the related organization							3	b	
4	Describe in Part XIII the intended uses of the		owment :	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o		` '	or other		cumulated	(d) E	ook va	lue
		basis (investr	ment)		(other)	dep	reciation	<u> </u>		700
	Land				2,728.		01 070	3,5	92,	728.
	Buildings				4,298.		201,278	• 6,C	93,	020.
С	Leasehold improvements				2,469.		58,328			141.
d	Equipment			1,57	9,715.	1,1	169,065	• 4	10,	650.
	Other								4.6	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)		<b>&gt;</b>	10,4	40,	539 <b>.</b>
							Sch	edule D (F	orm 99	0) 2018

Schedule D (Form 990) 2018 TRANSITIONS Part VII Investments - Other Securities.	/MENTAL HEA	ALTH ASSOCIATION	95-35090 <b>4</b> 0 Page
Complete if the organization answered "Yes" (	on Form 990 Part IV	line 11h See Form 000 Part Y	line 12
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives	(-,	(-,	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV		
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (		, line 11d. See Form 990, Part X,	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tabel (Column (b) must equal Form 000 Part V and (P) line	15)		<b>.</b>
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X   Other Liabilities.	; 10.)		······
Complete if the organization answered "Yes" of	on Form 900 Part IV	line 11e or 11f See Form 000 E	Part X line 25
(a) Deposite the set the billion	on i omi 990, Pait IV	(b) Book value	art A, III IC 20.
(1) Federal income taxes		(2) 2001. (200	
(2) (3)	+		
(4)			

(5) (6) (7) (8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	edule D (Form 990) 2018 TRANSTITIONS / MENTAL HEA	LTH ASSOCIATION	95-3509040	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
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.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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		
	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)			

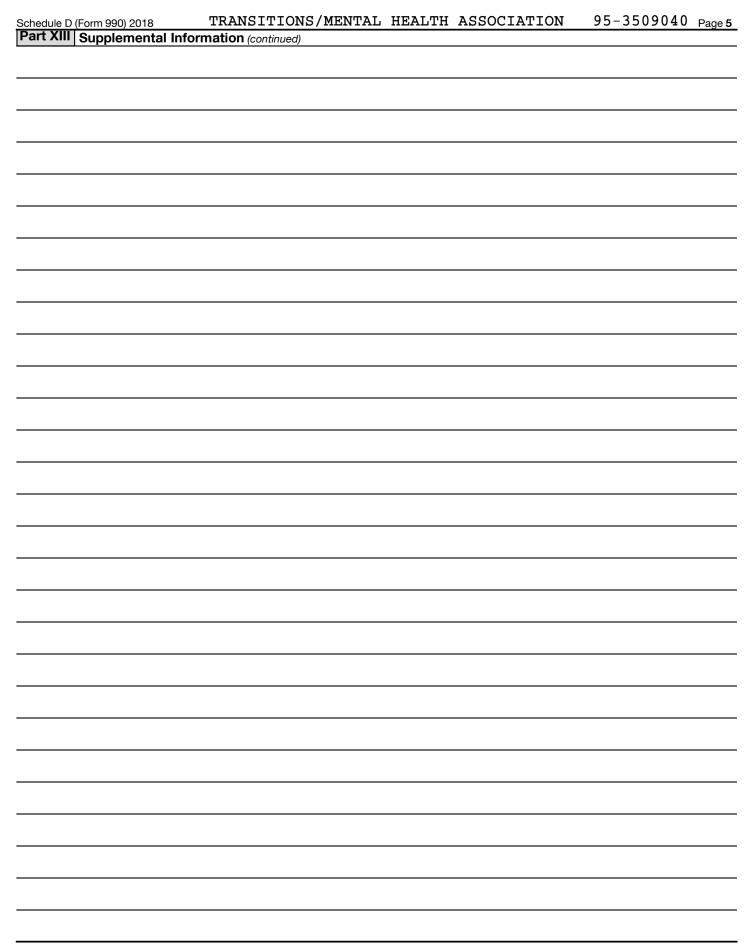
#### 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

#### PART X, LINE 2:

INCOME TAXES TOPIC OF FASB ACCOUNTING STANDARDS CODIFICATION REQUIRES, AMONG OTHER THINGS, THE RECOGNITION AND MEASUREMENT OF TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" (LIKELIHOOD GREATER THAN 50%) APPROACH. AS OF JUNE 30, 2019, MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT THE ORGANIZATION DID NOT MAINTAIN ANY TAX POSITIONS THAT DID NOT MEET "MORE LIKELY THAN NOT" THRESHOLD. THE ORGANIZATION DOES NOT EXPECT ANY MATERIAL CHANGES THROUGH JUNE 30,2020. HOWEVER, TAX RETURNS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2016 AND BY THE CALIFORNIA FRANCHISE TAX BOARD FOR FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2015.

Schedule D (Form 990) 2018



#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization TRANSIT	IONS/MENTAL HEALTH	AS	SOC	IATION		Employer ide 95-3509	ntification number 0 4 0
	Complete if the organization answe				line 1		
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ul>	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustodv	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit		butions	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through TEN TRUNKS 1 BOWLATHON col. (c)) (event type) (event type) (total number) Revenue 56,009 18,505. 101,562. 27,048. 1 Gross receipts 56,009 21,797. 77,806. 2 Less: Contributions 5,251. 18,505. 23,756. Gross income (line 1 minus line 2) 4 Cash prizes 1,993. 1,993. 5 Noncash prizes Direct Expenses 2,100. 2,100. 6 Rent/facility costs 144. 5,251. 5,395. 7 Food and beverages 8 Entertainment 10,529. 9 Other direct expenses 3,993. 9,496. 24,018. 33,506. **10** Direct expense summary. Add lines 4 through 9 in column (d) -9,750. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3	509040	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
С	e If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	vatain the state gaming licenses	Yes	No
h	e Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — 100	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ir iii, iii ico o,	55, 165,
	100, 100, 10, and 170, an applicable. Also provide any additional information. Ode instructions.		

Schedule G	i (Form 990 or 990-EZ)	TRANSITIONS/MENTAL	HEALTH	ASSOCIATION	95-3509040	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
	• • •	,				
						_

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

TRANSITIONS/MENTAL HEALTH ASSOCIATION

**Employer identification number** 95-3509040

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

COMMUNITY WELLNESS AND EDUCATION:

THE COMMUNITY WELLNESS AND EDUCATION PROGRAM PROVIDES COMPASSIONATE, INFORMED ASSISTANCE FOR FAMILIES, FRIENDS AND LOVED ONES OF PERSONS THEY KNOW OR SUSPECT HAVE A MENTAL ILLNESS. THE PROGRAM OFFERS DIRECT INFORMATION AND EDUCATION WITH THE GOAL OF PROVIDING RECOVERY SUPPORT, IN ADDITION, A WIDE VARIETY OF TRAININGS IS PROVIDED AND HOPE. THROUGHOUT THE YEAR TO HEALTH PROFESSIONALS AND COMMUNITY MEMBERS, OFTEN AT NO CHARGE.

EXPENSES \$ 2,084,990. INCLUDING GRANTS OF \$ 0. REVENUE \$ 48,906.

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

THE RETURN IS REVIEWED BY THE CFO AND CEO, THEN SUBMITTED TO THE FINANCE COMMITTEE FOR APPROVAL PRIOR TO FILING. IN ADDITION, THE 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING.

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

IN ADDITION TO REVIEWING ANNUALLY, THE BOARD MEMBERS DISCLOSE CONFLICTS OF INTEREST DURING THE YEAR AS THEY ARISE. THE BOARD ADDRESSES CONFLICTS OF INTEREST IMMEDIATELY UPON DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15A:

TMHA PARTICIPATES IN TWO SALARY SURVEYS TO RECEIVE COMPARABLE DATA ON WAGES FOR TOP MANAGEMENT STAFF. THE SALARY SURVEYS ARE CALIFORNIA ASSOCIATION OF SOCIAL REHABILITATION AND THE CENTER FOR NON PROFIT MANAGEMENT. THE SALARY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

TRANSITIONS/MENTAL HEALTH ASSOCIATION	95-3509040
SURVEYS ARE FOR SIMILAR MENTAL HEALTH AGENCIES. IN ADDITI	ON, WE COMPARE THE
WAGES OF TMHA'S EXECUTIVE DIRECTOR WITH EIGHT TO TEN OTHE	R NON-PROFITS
AGENCIES OF THE SAME SIZE AND SCOPE IN SAN LUIS OBISPO AN	D SANTA BARBARA
COUNTIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL DOCUMENTS ARE ONLINE, GOVERNING DOCUMENTS ARE A	VAILABLE UPON
REQUEST.	

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

TRANSITIONS/MENTAL HEALTH ASSOCIATION

Employer identification number 95-3509040

		1	1					
(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state o	or Total inco	(e) ome End-of-year		(f) s Direct controlling		
of disregarded entity		foreign country)			. 4.00010	entity		9
SLO TRANSITIONS LLC - 45-3539353								
784 HIGH STREET	HOLDING & OPERATING HOUSING					TRANSITIONS		
SAN LUIS OBISPO, CA 93401	PROJECTS FBO T-MHA	CALIFORNIA		1,50	09,000.	HEALTH ASSO	CIATION	1
Part II Identification of Related Tax-Exempt Org organizations during the tax year.	anizations. Complete if the organization ar	nswered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more	e related tax-ex	empt	
(a)	(b)	(c)	(d)	(e)		(f)	Section (	<b>g)</b> 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		ct controlling entity	cont	rolled tity?
				501(c)(3))			Yes	No
	<del> </del>							

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

Schedule R (Form 990) 2018

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

	· · · ·		T	1					1	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo
		-									
										$\perp \perp$	
										+	
-											

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) (g)  Share of total income Share of end-of-year assets		(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		0. 1.254		45515		Yes	No
									<del></del>
									<u> </u>
									<u> </u>

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactors with one or more related organizations listed in Parts IIIV?  1 a	Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
b Giff, grant, or capital contribution to related organization(s) c Giff, grant, or capital contribution from related organization(s) c Ciff, grant, or capital contribution from related organization(s) c Loans or loan guarantees to or for related organization(s) c Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Divid	1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?							
b Giff, grant, or capital contribution to related organization(s) c Giff, grant, or capital contribution from related organization(s) c Loans or loan guarantees to or for related organization(s) c Loans or loan guarantees by related organization(s) f Dividends from related organizat	а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a						
c Giff, grant, or capital contribution from related organization(s)   1d	b	Gift, grant, or capital contribution to related organization(s)				1b						
d Loans or loan guarantees to or for related organization(s)   1d	С	Gift, grant, or capital contribution from related organization(s)				1c						
e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets to related organization(s)  i Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  f Other transfer of cash or property to related organization(s)  s Other transfer of cash or property to related organization(s)  1 Transaction  type (s. s)  (d)  Name of related organization  (e)  (g)  (g)  (g)  (g)  (g)  (g)  (g)	d	Loans or loan guarantees to or for related organization(s)				1d						
t Dividends from related organization(s) g Sale of assets from related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) in Sharing of paid employees with related organization(s) in Sharing of paid employees with related organization(s) in Sharing of paid employees with related organization(s) in Dividend to related organization(s) in Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) is Other transfer of cash or property for related organization(s) in Other transfer of cash or property for related organization(s) in Other transfer of cash or property for related organization(s) in Other transfer of cash or property for related organization(s) in Other transfer of cash or property for related organization(s) in Other transfer of cash o	е	Loans or loan guarantees by related organization(s)				1e						
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n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  (c)  Amount involved  Method of determining amount involved  (d)  Method of determining amount involved  (d)  (e)  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g	m					1m						
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p Reimbursement paid to related organization(s) for expenses						10						
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S Other transfer of cash or property from related organization(s)	•	1 7 7 1				•						
S Other transfer of cash or property from related organization(s)	r	Other transfer of cash or property to related organization(s)				1r						
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a·s)  (c)  Amount involved  Method of determining amount involved  (1)  (2)  (3)  (4)  (5)  (6)												
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type (a-s)  (1)  (2)  (3)  (4)  (5)		Name of related organization				olved						
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(2) (3) (4) (5)	(1)											
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(6)	(5)											
(6) 832163 10-02-18 39 Schedule R (Form 990) 2018	<u>(J)</u>											
832163 10-02-18 39 Schedule R (Form 990) 2018	(6)											
	83216	3 10-02-18	39		Schedule F	R (For	n 990	2018				

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispr tion	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentag
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes N	o mcome	233613	Yes	No	(F01111 1065)	Yes I	10
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**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TRANSITIONS/MENTAL HEALTH ASSOCIATION P.O. BOX 15408 SAN LUIS OBISPO, CA 93406

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500 TRANSITIONS/MENTAL HEALTH ASSOCIATION P.O. BOX 15408 SAN LUIS OBISPO, CA 93406

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

TAXABLE YEAR 2018

## California Exempt Organization Annual Information Return

828941 12-12-18 FORM

199

Ca	ılendar Year	2018 or fiscal year beginning (mm/dd/yyyy) 07/0	01/201	L 8	, and en	nding (mm/d	ld/yyy	y)	06	/30/2019	
С	orporation/Or	ganization name					Calif	ornia corpo	oration	number	
Т	RANSI	TIONS/MENTAL HEALTH ASSOCIAT	rion					0984	802		
Α	dditional infor	mation. See instructions.					FEI	N			
								95-3	509	040	
s	treet address	(suite or room)					<u>'                                    </u>	PMB no.			
Р	.O. B	OX 15408									
С	ity					State		ZIP code			
S	AN LU	IS OBISPO				CA	.	9340	6		
F	oreign country	name Foreign provin	nce/state/cou	nty		<u> </u>		Foreign po		ode	
$\overline{A}$	First Retu	rn Yes 🔀	X No J	If exemp	t under R	&TC Section	2370	1d. has t	he ord	nanization	
В	Amended	Return • Yes X	_							• Yes X	¬ Nο
C	IRC Secti	on 4947(a)(1) trust Yes 🔀								701g? ● Yes X	
D		rmation Return?				gross receip					
_		Dissolved Surrendered (Withdrawn) Merged/Reorganiz				public char					
		(mm/dd/yyyy)		-		nd meets the	-	•			
Ε		counting method: (1) Cash (2) X Accrual (3) O				s required	-				
F		eturn filed? (1) • 990T(2) • 990PF (3) • Sch H (				a Limited L				<del></del>	No
•		Other 990 series				on file Form					
G		roup filing? See instructions Yes			•					• Yes X	No
Н	Is this or	ganization in a group exemption Yes				ı under audit					_ 140
		what is the parent's name?			-		-			• Yes X	¬ Nο
	11 100, 1	natio dio paronto namo.				23/1024 pei					
ī	Did the o	ganization have any changes to its guidelines				i					_ 140
•		ted to the FTB? See instructions	ž No	Date ille	a with into						
Ŧ		omplete Part I unless not required to file this form. See Gene		ation B a	nd C.						
÷		1 Gross sales or receipts from other sources. From Side 2						•	1	1,756,65	7100
		2 Gross dues and assessments from members and affiliate	:, r art II, IIII :es	00				•	2		00
		3 Gross contributions gifts grants and similar amounts r	received			ST	тM	1 •	3	12,468,47	
	Receipts	<ul> <li>Gross contributions, gifts, grants, and similar amounts r</li> <li>Total gross receipts for filing requirement test. Add line 1 through I</li> <li>This line must be completed. If the result is less than \$50,000, see</li> </ul>	line 3.	motion P				<del></del>	4	14,225,13	2 00
	and	5 Cost of goods sold	STMT	2. <b>●</b> [	5	243	3	37 00			<u>-100</u>
ı	Revenues	6 Cost or other basis, and sales expenses of assets sold			6		, ,	00			
		7 Total costs. Add line 5 and line 6							7	243,33	7100
		8 Total gross income. Subtract line 7 from line 4							8	13,981,79	
		Total expenses and disbursements. From Side 2, Part II,	line 18					•	9	14,067,01	
١	Expenses	10 Excess of receipts over expenses and disbursements. Su	uhtract line	9 from li	ne 8			•	10	-85,22	1 00
		11 Total payments						•	11	30,11	00
		12 Use tax. See General Information K						•	12		00
		13 Payments balance. If line 11 is more than line 12, subtra	act line 12 fr	om line	 11			•	13		00
	Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract							14		00
	illing i cc	15 Filing fee \$10 or \$25. See General Information F							15	N/A	00
									16		00
		17 Balance due. Add line 12, line 15, and line 16. Then sub							17		00
		Under penalties of perjury, I declare that I have examined this return, incli- it is true, correct, and complete. Declaration of preparer (other than taxpa)	uding accomp	panying so	hedules and	d statements,	and to	the best o	my kn	owledge and belief,	100
	gn	it is true, correct, and complete. Declaration of preparer (other than taxpa)			mation of w			y knowled	ge.		
Не	ere	Signature of officer	E X		TTVE	DIRE	Date			Telephone	
_		of officer		-	ate		21 1			● PTIN	
		Preparer's signature					Check	it ployed ►		P00672488	
D٠	id					`	. J OII	0,	ш	● Firm's FEIN	
	aid 'engrer'e	Firm's name (or yours, GLENN BURDETTE								95-2772601	
	eparer's se Only	employed) HIGH STREET								● Telephone	
US	oc Ulliy	and address SAN LUIS OBISPO, CA 93	3401							805-544-144	1
_		May the FTB discuss this return with the preparer shown abov		ructions				• X	1,,	•	
		may the rib discuss this return with the preparer showin abov	10: OCC 11151	00110115				∟2≥	⊥ res	└── No	

## TRANSITIONS/MENTAL HEALTH ASSOCIATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 1	2-12-18
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		1	Gross sales or receipts from all	business activities. See instruct	tions		•	1		565,6	
		2	Interest				• [	2		4,9	85 00
			Dividends					3			00
Recei	pts						_	4			00
from		5	Gross royalties				•	5			00
Other		6	Gross amount received from sa	le of assets (See Instructions)			•	6		106	00
Sourc	es	7	Other income		SEE	STA	TEMENT 3 •	7		,186,0	
		8	Total gross sales or receipts fro		-			8	Ι,	,756,6	-
		9	Contributions, gifts, grants, and					9			00
		10	Disbursements to or for member	tors and trustees	CPP	СШУ		10 11		144,0	25 00
			Compensation of officers, direct					12	7	,328,8	
Expen			Other salaries and wages					13		137,3	46 00
and	363		Interest Taxes					14		631,8	
Disbu	rse-		Rents					15	2	,012,2	
ments		16	Depreciation and depletion (See	instructions)			•	16		236,0	
		17	Other Expenses and Disbursem	ents	SEE	STA	TEMENT 5 •	17	3 ,	,576,7	01 00
		18	Total expenses and disburseme	ents. Add line 9 through line 17.	Enter here and on S	Side 1, Pa	art I, line 9	18		,067,0	
Sch	edul			Beginning of t		,	End	of tax	able yea		
Assets	S			(a)	(b)		(c)			(d)	
1 Ca					1,933				•	1,930	
			s receivable		16	,094			•	20	,983
			ceivable						•		
					132	,101			•	143	,652
			state government obligations						•		
			in other bonds						•		
			in stock						•		
	lortga thar in	-							•		
			nents le assets	10,121,886			10,776,4	8 2	•		
IU a	Less	accii	mulated depreciation	( 3,748,957	6 372	929	( 3,928,67	1 )		6,847	811
11 La				3,740,337	2,673	<u>, 323</u>	( 3,320,01		•	3,592	
	ther a	ssets	STMT 6		2,401	,804			•	2,042	,626
13 To	otal a	ssets	·		13,530	,160				L4,577	,911
			et worth		•	<u>.</u>					•
			yable		974	,647			•	1,192	,710
			s, gifts, or grants payable						•		
<b>16</b> Bo	onds a	and n	otes payable						•		
<b>17</b> M	lortga	ges p	ayable		3,568	<u>,119</u>			•	4,483	,028
<b>18</b> 01											
			or principal fund						•		
			tal surplus. Attach reconciliation		0 007	204			•	0 000	177
			nings or income fund		8,987 13,530	, 394 160			•	8,902	,1/3
			ties and net worth	nan haaka wish inaansa nan sa		, 100			-	L <b>4</b> ,577	,911
Sch	eaui	ie iv		e per books with income per refectule if the amount on Schedule		'd) is les	s than \$50 000				
1 N	et inco	nme r	per books			, ,,	on books this year				
			me tax				nis return		•		
			pital losses over capital gains				s return not charged				
			recorded on books this year				ome this year		•		
			corded on books this year not		9 Total. Ad						
	-		this return	•	10 Net inco						
			ne 1 through line 5				om line 6			-85	,221
_											

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	PATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
SAN LUIS OBISPO COUNTY BEHAVIORAL HEALTH	2180 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	06/30/19	6,329,269.
SANTA BARBARA COUNTY BW	300 NORTH SAN ANTONIO ROAD SANTA BARBARA, CA 93110	06/30/19	2,526,473.
DEPARTMENT OF SOCIAL SERVICES	P.O. BOX 8119 SAN LUIS OBISPO, CA 93403	06/30/19	697,278.
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	611 W. 6TH ST, SUITE 1000 LOS ANGELES, CA 90017	06/30/19	606,767.
DEPARTMENT OF REHABILITATION	509 E. MONTECITO STREET SANTA BARBARA, CA 93103	06/30/19	306,074.
TOTAL INCLUDED ON LINE 3			10,465,861.

2 FORM 199 COST OF GOODS SOLD STATEMENT INCLUDED ON PART I, LINE 5 COST OF GOODS SOLD 1. INVENTORY AT BEGINNING OF YEAR . . . . . . 132,102 2. 3. 254,887 4. 5. ADD LINES 1 THROUGH 5 . . . . . . 386,989 6. 7. 143,652 8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . 243,337

CA 199	OTHE	R INCOME	STATEMENT	3
DESCRIPTION			AMOUNT	
MISCELLANEOUS PROGRAM RENTAL INCOME			48,90 1,137,1	
TOTAL TO FORM 199, PART II,	LINE 7		1,186,03	35.
CA 199 COMPENSATION OF	OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT	4
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	ION
JAMES HAAS P.O. BOX 15408 SAN LUIS OBISPO, CA 93406		PRESIDENT 5.00		0.
BARBARA FISCHER P.O. BOX 15408 SAN LUIS OBISPO, CA 93406		VICE PRESIDENT 2.00		0.
CAROL ARMSTRONG P.O. BOX 15408 SAN LUIS OBISPO, CA 93406		SECRETARY 3.00		0.
CINDY JOHNSON P.O. BOX 15408 SAN LUIS OBISPO, CA 93406		TREASURER 3.00		0.
CASEY APPELL P.O. BOX 15408 SAN LUIS OBISPO, CA 93406		BOARD MEMBER 1.00		0.
DAVE BERNHARDT P.O. BOX 15408 SAN LUIS OBISPO, CA 93406		BOARD MEMBER 1.00		0.
JOSEPH C. GALLAS P.O. BOX 15408 SAN LUIS OBISPO, CA 93406		BOARD MEMBER 1.00		0.
JEREL HALEY P.O. BOX 15408 SAN LUIS OBISPO, CA 93406		BOARD MEMBER 1.00		0.

TRANSITIONS/MENTAL	HEALTH ASSOCIATION	N	95-3509040
STEVE JOBST P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
LISA KATHERMAN P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
MARIA LEGATO P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
DEBORAH LINDEN P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
ADAM NEWTON P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
SHELLEY NORTHROP P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
BRAD RUDD P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
JEANIE SLEIGH P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
LISA THORNHILL P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
TIM WILLIAMS P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	BOARD MEMBER 1.00	0.
STEPHANIE BAISA WILS P.O. BOX 15408 SAN LUIS OBISPO, CA		BOARD MEMBER 1.00	0.
JILL BOLSTER-WHITE P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	EXECUTIVE DIRECTOR 40.00	144,025.
RICHARD WOLFE P.O. BOX 15408 SAN LUIS OBISPO, CA	93406	FINANCE DIRECTOR 40.00	0.

TRANSITIONS/MENTAL HEALTH ASSOCIATION		95-3509040
MEGAN BOAZ-ALVAREZ CI P.O. BOX 15408 SAN LUIS OBISPO, CA 93406	LINICAL DIRECTOR 40.00	0.
BARRY JOHNSON DE P.O. BOX 15408 SAN LUIS OBISPO, CA 93406	IVISION DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		144,025.
CA 199 OTHER EX	XPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
SUPPLIES & CAPITAL PURC RECREATION & CLIENT EXP STAFF DEVELOPMENT & TRA TRANSPORTATION DIRECT EXPENSES OF FUNDRAISING EVENTS PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE 17		1,059,127. 235,932. 187,453. 186,959. 33,506. 189,379. 860,457. 381,502. 22,774. 162,260. 43,191. 77,103. 137,058.
CA 199 OTHER A	ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	2,143,648. 258,156.	1,763,478. 279,148.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,401,804.	2,042,626.

CA 199 F	UND BALANCES		STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEA	ıR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS		4,740,239. 4,247,155.	5,613,08 3,289,08	
TOTAL TO FORM 199, SCHEDULE L, LINE	21	8,987,394.	8,902,17	3.

Date Accepted

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EC** 

20	Exe	empt Organiza	tions				0 <del>4</del> 33-EC
Exempt O	rganization name						Identifying number
TRAN	SITIONS/MEN	NTAL HEALTH A	SSOCIATION				95-3509040
Part I	Electronic Return	Information (whole dollar	s only)				
<b>1</b> To	tal gross receipts (For	m 199, line 4)					1 14,225,132
<b>2</b> To	tal gross income (Forr						2 13,981,795
<b>3</b> To	tal expenses and disb	oursements (Form 199, line	e 9)				3 14,067,016
Part II	Settle Your Accou	nt Electronically for Tax	able Year 2018				
4	Electronic funds wi	thdrawal 4a Amoun	t	<b>4b</b> V	Vithdrawal d	ate (mm/dd/y	ууу)
Part III	Banking Informati	on (Have you verified the	exempt organization'	s banking informa	ation?)		
<b>5</b> Rou	uting number				_		
<b>6</b> Acc	count number			7 Type of	account:	Checking	Savings
Part IV	Declaration of Offi	icer					
I authori on line 4		on's account to be settled as	designated in Part II. If I	check Part II, Box	4, I authorize a	an electronic fur	nds withdrawal for the amount listed
organiza statemer	tion will remain liable for nts be transmitted to the , I authorize the FTB to o	the fee liability and all applica FTB by the ERO, transmitter, disclose to the ERO or intern	uble interest and penaltie or intermediate service p nediate service provide	es. I authorize the exprovider. If the proof the reason(s) for EXECUT	kempt organiz cessing of the the delay.	ation return and exempt organi	ration's fee liability, the exempt I accompanying schedules and zation's return or refund is
Here	Signature of officer		Date	Title			
Part V		ctronic Return Originato		-			
am only accurate provided 1345, 20 the exem I declare	an intermediate service party reflects the data on the street organization officer and bandook for Author organization return is that I have examined the	provider, I understand that I a e return.) I have obtained the with a copy of all forms and i ized e-file Providers. I will ke filed, whichever is later, and	m not responsible for re organization officer's sig nformation that I will file ep form FTB 8453-EO or I will make a copy availa s return and accompany	viewing the exempi gnature on form FTE with the FTB, and I n file for <b>four</b> years ble to the FTB upor ing schedules and	t organization' 3 8453-EO bet have followed from the due d request. If I a	s return. I decla fore transmitting I all other requir date of the retur Im also the paid	ect to the best of my knowledge. (If lare, however, that form FTB 8453-EC of this return to the FTB; I have rements described in FTB Pub. on or <b>four</b> years from the date preparer, under penalties of perjury my knowledge and belief, they are
ERO	ERO's- signature			Date	Check if also paid preparer	Check if self-employe	ERO'S PTIN P00672488
Must	Firm's name (or yours	GLENN BURDE	TTE	<u>'</u>		•	FEIN 95-2772601
Sign	if self-employed) and address	1150 PALM S	TREET				
		SAN LUIS OB	ISPO, CA				ZIP code <b>93401</b>
		are that I have examined the a					s, and to the best of my knowledge
Paid	Paid preparer's	,		Date		Check if self-	Paid preparer's PTIN

For Privacy Notice, get FTB 1131 ENG/SP.

Firm's name (or yours

if self-employed) and address

FTB 8453-EO 2018

FEIN

ZIP code

Must

Sign

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

	Crieck II.										
TRANSTITONS (MENTAL HEALTH) ASSOCIATION		inge of address									
TRANSITIONS/MENTAL HEALTH ASSOCIATION Name of Organization	Ame	ended report									
Name of Organization											
List all DBAs and names the organization uses or has used											
-		0.4117.6									
P.O. BOX 15408	State Cha	rity Registration Number CT 041176									
Address (Number and Street)											
SAN LUIS OBISPO, CA 93406 Corporation or Organization No. 0984802											
805-540-6500 RLOPEZ@T-MHA.ORG		05 3500040									
Telephone Number E-mail Address	Federal E	mployer ID No. 95-3509040									
	L Codo Dom	a costions 204 207 244 and 240)									
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice											
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee								
Less than \$25,000 0 Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million	\$15	_							
Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 millio		Between \$1,000,001 and \$50 million	\$22								
	•	Greater than \$50 million	\$30								
PART A - ACTIVITIES											
For your most recent full accounting period (beginning 07/01/20	)18 end	ing 06/30/2019 ) list:									
,		,									
Gross Annual Revenue \$ 13,948,289 Noncash Contributions \$	1	,993 Total Assets \$ 14,57	7,9	11							
Program Expenses \$ 12,544,255	Total Expe	enses \$ 14,033,510									
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT									
Note: All questions must be answered. If you answer "yes" to any of the que providing an explanation and details for each "yes" response. Please											
		-	Yes	No							
1. During this reporting period, were there any contracts, loans, leases or other											
and any officer, director or trustee thereof, either directly or with an entity in any financial interest?	wnich any su	ch officer, director or trustee had		x							
During this reporting period, was there any theft, embezzlement, diversion or	misuse of th	e organization's charitable property		1							
or funds?	misuse of th	le organization's chantable property		x							
3. During this reporting period, were any organization funds used to pay any pe	nalty, fine or	judgment?		Х							
4. During this reporting period, were the services of a commercial fundraiser, fu	ndraising co	unsel for charitable purposes, or									
commercial coventurer used?	· ·			Х							
	!!:: 0										
5. During this reporting period, did the organization receive any governmental fu	unaing?	SEE STATEMENT 8	X								
6. During this reporting period, did the organization hold a raffle for sharitable p	urnocco?										
6. During this reporting period, did the organization hold a raffle for charitable p	urposes?			X							
7. Does the organization conduct a vehicle donation program?											
7. Does the organization conduct a vehicle donation program:				X							
8. Did the organization conduct an independent audit and prepare audited final	ncial stateme	ents in accordance with									
generally accepted accounting principles for this reporting period?											
9. At the end of this reporting period, did the organization hold restricted net as	sets, while re	eporting negative unrestricted net assets?		37							
				X							
I declare under penalty of perjury that I have examined this report, including a and belief, the content is true, correct and complete, and I am authorized to s		ng documents, and to the best of my kno	wled	ge							
and belief, the content is true, correct and complete, and rain authorized to s	າສູເເ										
JILL BOLSTER-WHITE	<b>T</b>	XECUTIVE DIRECTOR									
Signature of Authorized Agent Printed Name	Tit										

#### CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT PART B, LINE 5

THE CORPORATION RECEIVED FUNDING FROM FEDERAL, STATE AND LOCAL GOVERNMENT GRANTS:

SAN LUIS OBISPO COUNTY BEHAVIORAL HEALTH: 2180 JOHNSON AVE, SAN LUIS OBISPO, CA 93401: CONTACT ANN ROBIN (805) 781-4700

#### SANTA BARBARA COUNTY:

300 NORTH SAN ANTONIO RD., SANTA BARBARA, CA 93110 CONTACT: DANIELLE SPAHN (805) 681-5229

#### DEPARTMENT OF SOCIAL SERVICES:

P.O. BOX 8119, SAN LUIS OBISPO, CA 93403 CONTACT: GEORGE SOLIS (805) 781-1866

### DEPARTMENT OF REHABILITATION

509 E. MONTECITO ST., SANTA BARBARA, CA 93103

CONTACT: ANTONIO ORTIZ (805) 560-8141

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

611 W. 6TH ST., SUITE 1000, LOS ANGELES, CA 90017

CONTACT: IRENE LAM (213) 534-2712

## EXTENDED TO JULY 15, 2020

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Internal Revenue Service

▶ 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.

Open to Public

ΑI	For the	2018 calendar year, or tax year beginning $\mathrm{JUL}1,2018$	nding J	UN 30, 2019	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Address change	TRANSITIONS/MENTAL HEALTH ASSOCIATION			
	Name change	Doing business as		95-3	509040
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)  P.O. BOX 15408	Room/suite	E Telephone numbe	r 540–6500
	Final return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,225,132.
	Amende Teturn			H(a) Is this a group re	
	Applica tion	F Name and address of principal officer: JILL BOLSTER-WHITE		for subordinates	
	pending	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) ( )	527	If "No," attach a	list. (see instructions)
		e: ► WWW.T-MHA.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1979 N	M State of legal domicile: CA
P		<b>Summary</b> Briefly describe the organization's mission or most significant activities: HELP	CHILD	דות אודה אחדו	דישה אדשה
ce	1 E	MENTAL ILLNESS LIVE, WORK AND GROW IN OUR	COMM	TINTTY.	HIS MIIII
Governance	I -	Check this box if the organization discontinued its operations or dispose			ssets
Ş.	1	- · · · · · · · · · · · · · · · · · · ·		3	19
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			19
es 8		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			419
Activities &	6 1	otal number of volunteers (estimate if necessary)		6	1771
Acti	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	1 <b>d</b>	Net unrelated business taxable income from Form 990-T, line 38	·····		0.
				Prior Year 11,644,679.	Current Year 12,468,475.
ne	1	Contributions and grants (Part VIII, line 1h)		1,039,368.	
Revenue	1	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,601.	
æ		Other revenue (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e)		364,042.	337,700.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,054,690.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		8,453,625.	
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)	. <u>.</u>	0.	0.
Ϋ́	b⊺	otal fundraising expenses (Part IX, column (D), line 25)		F 012 207	4 070 010
_	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,013,387. 13,467,012.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-412,322.	
or es	ן פו	Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year
ets (	20 1	otal assets (Part X, line 16)		13,530,160.	14,577,911.
Ass d Ba	21 7	otal liabilities (Part X, line 26)		4,542,766.	
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20		8,987,394.	8,902,173.
Pa	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
0:		Signature of officer		 Date	
Sig		JILL BOLSTER-WHITE, EXECUTIVE DIRECTOR		Buto	
Hei	e	Type or print name and title	•		
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai		SHERRI Y. PARKINSON, CPA		if self-employ	P00672488
Pre	parer	Firm's name GLENN BURDETTE		Firm's EIN	95-2772601
Use	Only	Firm's address 1150 PALM STREET			
		SAN LUIS OBISPO, CA 93401		Phone no.80	5-544-1441
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TRANSITIONS - MENTAL HEALTH ASSOCIATION IS A NONPROFIT ORGANIZATION
	DEDICATED TO ELIMINATING STIGMA AND PROMOTING RECOVERY AND WELLNESS
	FOR PEOPLE WITH MENTAL ILLNESS THROUGH WORK, HOUSING, COMMUNITY AND
	FAMILY SUPPORT SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 4 , 177 , 270 • including grants of \$ ) (Revenue \$ )
	MENTAL HEALTH TREATMENT SERVICES:
	PROMOTING THE POWER OF SUPPORT FROM PEOPLE WITH LIVED EXPERIENCE WITH
	MENTAL ILLNESS, THE ORGANIZATION RUNS DROP-IN CENTERS AND PEER SERVICES
	THAT PROVIDE MULTIPLE OPPORTUNITIES FOR PEER GATHERINGS, ONE-ON-ONE
	MENTORING, AND PERSONAL GROWTH. THE ORGANIZATION ALSO PROVIDES 24/7
	CLINICAL SERVICES WHERE AND WHEN THEY ARE NEEDED. SERVICES INCLUDE
	PSYCHIATRIC CARE, HOUSING ASSISTANCE, SUBSTANCE ABUSE RECOVERY, HEALTH,
	FINANCIAL, EDUCATION, EMPLOYMENT AND SOCIAL SUPPORT.
4b	(Code:) (Expenses \$ 5,108,187. including grants of \$) (Revenue \$1,137,129.)
	HOUSING SERVICES:
	THE ORGANIZATION OFFERS HOUSING SERVICES TO OVER 300 INDIVIDUALS EACH
	YEAR, AT EVERY LEVEL OF NEED. WE ASSIST OUR CLIENTS IN CREATING AND
	SUSTAINING A HOME THEY CAN COUNT ON. THE ORGANIZATION BOTH OWNS AND
	MASTER-LEASES SUPPORTIVE HOUSING PROPERTIES THROUGHOUT SAN LUIS OBISPO
	AND NORTH SANTA BARBARA COUNTIES.
4c	(Code: ) (Expenses \$ 1,173,808 • including grants of \$ ) (Revenue \$ 298,544 • )
	VOCATIONAL SERVICES:
	THE ORGANIZATION PROVIDES ON-GOING JOB SUPPORT AND EMPLOYMENT NECESSARY
	FOR HELPING INDIVIDUALS WITH MENTAL ILLNESSES TO CHOOSE, ACQUIRE AND
	KEEP COMPETITIVE EMPLOYMENT. WORK PROGRAMS INCLUDE THREE SOCIAL
	ENTERPRISES THAT HELP INDIVIDUALS LIVING WITH A MENTAL ILLNESS FIND AND
	MAINTAIN EMPLOYMENT WHILE PROVIDING THE SUPPORT NECESSARY TO ENSURE
	SUCCESS.
	DUCCEDD.
4d	
	(Expenses \$ 2,084,990 • including grants of \$ ) (Revenue \$ 48,906 •)
<u>4e</u>	
	Form <b>990</b> (2018)

## 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3,7
_	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	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	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			
5	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 temporarily restricted endowments, permanent	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	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		
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		х
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	טדו		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
<b>20</b> a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) TRANSITIONS/MENTAL
Part IV | Checklist of Required Schedules (continued)

	The state of the quality (continued)			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
h	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			177
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		x
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
O_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?	26		X
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c		

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

2a 419  b If a least one is reported on line 2a, did the organization file all required federal employment tax neturns?  b If a least one is reported on line 2a, did the organization file all required federal employment tax neturns?  Note. If the sum of lines 1 and 2a is grater from 250, you may be required to 4e <sup>th</sup> (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b If Yes, "the time is a many of the foreign country."  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or gifts were not tax deductibles and calentations?  6c If Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or gifts were not tax deductibles and calentation contributions?  6c If Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solid any contributions that were not tax deductibles or calentation contributions?  6c If Yes to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or calentation contributions or gifts were not tax deductibles or calentation contributions or gifts were not tax deductibles or sharpship to the propartization federal parts of the organization networks and the calentation to the organization networks and the calentation contribution of the parts of the propartization received in the c					Yes	No					
b If a least one is reported on line 2a, did the organization life all required toderal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gress income of \$1,000 or more during the year?  3a A at any time during the calendary early differed present interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) in foreign country (such as a bank account, securities account, or other financial account)?  5a If If Yes, 'institution for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax whether transaction at any time during the tax year?  5a Was the organization have organization that it was or is a party to a prohibited tax shelter transaction?  5b If Yes, 'include the organization the Organization the Form 889617.  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a If Yes, 'indicate the number of the value of the goods or services provided?  7a Organizations that may receive deductible contributions under section 170(c).  8b If Yes, 'indicate the number of Forms 8892? filed during the year  9b If Yes, 'indicate the number of Forms 8822? filed during the year  10b If Yes, 'indicate the number of Forms 8222 filed during the year  10b If Yes, 'indicate the number of Forms 8222 filed during the year  10b If Yes, 'indicate the number of Forms 8222 filed during the year  10b If Yes, 'indicate the number of Forms 8222 filed during the year  10b If Yes, 'indicate the number of Forms 8222 filed during the year  10b If Yes, 'indicate the number of Forms 8222 filed during the year  10b If the organization received a contribution of qualified intell	2a										
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3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b if 11*es*, This at It field a Form 990 Tor this year of 1** 1*0* to fim 83,0 your owick an explanation in Schedule O  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c In 1*** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization a party to a prohibeted tax shelter transaction?  5c In 1** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5d Was the organization to party to a prohibet tax shelter transaction?  5d Was the organization in the organization the Form 88687.  5d Was the organization in the organization the Form 88687.  5d In 1** See in the See for Set (all the organization the Grom 88687.  5d In 1** See in the See in the Organization in the Common Form 8869 are seen that such contributions or gifts were not tax deductible?  6d In 1** See in 1** See	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b	Х						
b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 44 At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  b If 'Yes,' enter the name of the foreign country; be- see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibitod fax shelter transaction at any time during the tax year?  5a Did any explaination a party to a prohibitod fax shelter transaction?  5b LX  c If 'Yes,' did the organization file Form 8888.17?  6a Does the organization and party to a prohibition of the any contributions that were not tax deductible as charitable contributions?  6a LX  b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b If theys,' did the organization notify the donor of the value of the goods or services provided?  7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7 b If Yes,' did the organization notify the donor of the value of the goods or services provided?  7 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c X  7 d If If Yes,' did the organization in ordination of organization face and property or which it was required  10 the organization received an contribution of care, boats, airplanes, or other vehicles, did the organization file a form 1086-07  8 ponsoring organization nember of forms \$282 filed during the year  9 bid the organization nember of contribution organization form m											
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If "Yes," complete Form 4720, Schedule O.	16										

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 in Schedule O. See instructions.

It let re number of voting members of the governing body at the end of the tax year It litter are metabolish 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 in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent Ib 19  litter grammatory to a description of the process of the governing body or under the direct supervision of officers, directors, or trustees, or key employee have a family relationship or a business relationship with any other officers, directors, or trustees, or key employees to a management company or other person?  litter organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  little organization make any significant changes to its governing documents since the prior Form 990 was fled?  little organization become aware during the year of a significant diversion of the organization's assets?  little organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  little organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  little organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  little act organization have a written organization become with authority to act on behalf of the governing body?  little organization have local chapters, branches, or affiliates?  lot the organization have local chapters, branches, or affiliates?  lot the organization have local chapters, branches, or affiliates?  lot the organization have a written committed in the rest policy?		Check if Schedule O contains a response or note to any line in this Part VI			X						
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Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in 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 Dif "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?  Section C. Disclosure  15b Z  List the states with which a copy of this Form 990 is required to be filed ►CA  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available											
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taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶CA  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available	162										
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Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►CA  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available			16h								
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18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available											
			s only	\ avail	ablo						
TOT PUIDITO ITTOPECTION, ITTUICATE HOW YOU HIAUE THESE AVAIIADIE. CHECK All that APPLY.	10		o orny	, availe	abie						
Own website X Another's website X Upon request Other (explain in Schedule O)											
	10		d finan	oicl							
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	19		ııman	cial							
statements available to the public during the tax year.	20										
20 State the name, address, and telephone number of the person who possesses the organization's books and records ► RAVEN LOPEZ - 805-540-6500	20										
		784 HIGH STREET, SAN LUIS OBISPO, CA 93401									

### Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<b>(A)</b> Name and Title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES HAAS	5.00	.,		77				0.	0.	0
PRESIDENT	2.00	Х		Х		-		0.	0.	0.
(2) BARBARA FISCHER	2.00	x		х				0.	0.	0.
VICE PRESIDENT (3) CAROL ARMSTRONG	3.00	^		^		$\vdash$		0.	0.	0.
SECRETARY	3.00	X		х				0.	0.	0.
(4) CINDY JOHNSON	3.00	Δ		Δ		$\vdash$		0.	0.	· ·
TREASURER	3.00	Х		х				0.	0.	0.
(5) CASEY APPELL	1.00	25				$\vdash$		0.	0.	•
BOARD MEMBER	1:00	x						0.	0.	0.
(6) DAVE BERNHARDT	1.00	=				1				
BOARD MEMBER		x						0.	0.	0.
(7) JOSEPH C. GALLAS	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(8) JEREL HALEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) STEVE JOBST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) LISA KATHERMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MARIA LEGATO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DEBORAH LINDEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ADAM NEWTON	1.00							_	_	_
BOARD MEMBER	1	Х						0.	0.	0.
(14) SHELLEY NORTHROP	1.00								_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) BRAD RUDD	1.00								_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) JEANIE SLEIGH	1.00	,,							^	_
BOARD MEMBER	1 00	Х				1	_	0.	0.	0.
(17) LISA THORNHILL	1.00	₹,							^	_
BOARD MEMBER 832007 12-31-18	1	Х				<u> </u>		0.	0.	0 <b>.</b> Form <b>990</b> (2018)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)	(B)	,		((		J		(D)	(E)			(F)		
	Name and title  Average  Position (do not check more than one)						Reportable	Reportable	د	F	stimate	hd		
Name and the	hours per					than is bot		compensation	compensation			nount		
	week					or/trus		from	from related			other		
	(list any	ctor						the	organization	ıs	con	npensa	tion	
	hours for	r dire				ted		organization	(W-2/1099-MIS	SC)	f	rom the	Э	
	related	stee c	rustee			ensa		(W-2/1099-MISC)				ganizat		
	organizations	al tru	onal t		loyee	comp						d relat		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons	
(18) TIM WILLIAMS	1.00	Ĕ	<u>si</u>	₽	Š	ijĘ.	요							
BOARD MEMBER	1.00	X						0.		0.			0.	
(19) STEPHANIE BAISA WILSON	1.00	12						0.		<u> </u>			<u> </u>	
BOARD MEMBER	1.00	x						0.		0.			0.	
(20) JILL BOLSTER-WHITE	40.00	<del></del>												
EXECUTIVE DIRECTOR		1		х				123,145.		0.	2	6,5	11.	
(21) RICHARD WOLFE	40.00											- , -		
FINANCE DIRECTOR		1		х				99,766.		0.	2	1,1	59.	
(22) MEGAN BOAZ-ALVAREZ	40.00							, ,						
CLINICAL DIRECTOR		1				X		100,931.		0.		8,1	75.	
		i												
1b Sub-total <b>&gt;</b> 323,842. 0.											5	55,845.		
c Total from continuation sheets to Part V	I, Section A						ightharpoons	0.		0.		0.		
d Total (add lines 1b and 1c) 323,842.									0.	5	5,8	<u>45.</u>		
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			^	
compensation from the organization												- I	2	
												Yes	No	
3 Did the organization list any <b>former</b> officer,													v	
line 1a? If "Yes," complete Schedule J for s											3		X	
4 For any individual listed on line 1a, is the su	•							•	•				Х	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>											4			
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			· ·			5		Х	
Section B. Independent Contractors	piete Scriedui	<del>e</del>	01 30	JCII	pers	SOII .					3			
Complete this table for your five highest co	mnensated in	den	ande	ent c	onti	racto	ore 1	that received more than	\$100,000 of con	nnens	ation	from		
the organization. Report compensation for										препа	ation	110111		
	ino caloridar y	<del>ou.</del>	<u> </u>	<u>g</u> .	*1011	<u> </u>	Ï		y our.			C)		
(A) (B) Name and business address NONE Description of services												nsatio	n	
	Traine and publicess address INOINE Description of services													
										l				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than					
φτου,σου οι compensation from the organi	∠αιι∪ιΙ 🚩					_								

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Related or Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 77,806. c Fundraising events d Related organizations 1d 11,922,348. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 468,321 1,993. g Noncash contributions included in lines 1a-1f: \$ 12,468,475 h Total. Add lines 1a-1f. Business Code 2 a PROGRAM RENTAL INCOME Program Service Revenue 532000 1,137,129 1,137,129 b С f All other program service revenue g Total. Add lines 2a-2f 1,137,129 Investment income (including dividends, interest, and 4,985 4,985. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) **d** Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 77,806. of including \$ contributions reported on line 1c). See Part IV, line 18 a 23,756 Other 33,506. b Less: direct expenses b c Net income or (loss) from fundraising events -9,750 -9,750. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... ▶ 10 a Gross sales of inventory, less returns and allowances 541,881 243,337. **b** Less: cost of goods sold ..... 298,544. 298,544 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 48,906 48,906 b С d All other revenue 48,906 e Total. Add lines 11a-11d

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Form 990 (2018)

-4,765.

Total revenue. See instructions

1,484,579

13,948,289

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

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	•		, , ,	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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,				
	trustees, and key employees	144,025.		144,025.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,328,855.	6,703,526.	596,569.	28,760
8	Pension plan accruals and contributions (include		4		- <del>-</del> -
	section 401(k) and 403(b) employer contributions)	189,379.	153,670.	35,534.	175
9	Other employee benefits	860,457.	768,682.	90,973.	802
10	Payroll taxes	631,875.	567,945.	61,217.	2,713
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	381,502.	94,915.	286,367.	220
12	Advertising and promotion	22,774.	15,439.	2,005.	5,330
13	Office expenses	162,260.	139,891.	18,037.	4,332
14	Information technology	43,191.	34,856.	8,335.	
15	Royalties				
16	Occupancy	2,012,213.	1,968,682.	42,628.	903.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u></u>
20	Interest	137,346.	120,650.	16,440.	256
21	Payments to affiliates		4 = -		
22	Depreciation, depletion, and amortization	236,001.	176,186.	59,815.	
23	Insurance	77,103.	74,867.	1,936.	300.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES & CAPITAL PURC	1,059,127.	1,059,127.		
b	RECREATION & CLIENT EXP	235,932.	235,932.		
C	STAFF DEVELOPMENT & TRA	187,453.	152,411.	31,042.	4,000
d	TRANSPORTATION	186,959.	180,182.	6,629.	148
-		137,058.	97,294.	21,606.	18,158
25	Total functional expenses. Add lines 1 through 24e	14,033,510.	12,544,255.	1,423,158.	66,097
26	Joint costs. Complete this line only if the organization	, , , , , , , , , ,	, , , = = , = = 0	, ==,===	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0. 12-31-18				Form <b>990</b> (2018

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14190710 756668 016514

Form 990 (2018)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			405,503.	1	1,742,430.
	2	Savings and temporary cash investments	1,528,231.	2	187,681.		
	3	Pledges and grants receivable, net	2,143,648.	3	1,763,478.		
	4	Accounts receivable, net	16,094.	4	20,983.		
	5	Loans and other receivables from current and for					
	-	trustees, key employees, and highest compensa					
				5			
	6	Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under					
		section 4958(f)(1)), persons described in section	-	•			
		employers and sponsoring organizations of sect		-			
ι		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			132,101.	8	143,652.
	9				258,156.	9	143,652. 279,148.
		Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D	10a	14,369,210.			
	b	Less: accumulated depreciation	10b	3,928,671.	9,046,427.	10c	10,440,539.
	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 equa	13,530,160.	16	14,577,911.		
	17	Accounts payable and accrued expenses	974,647.	17	1,192,710.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			3,568,119.	23	4,483,028.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par					
		parties, and other liabilities not included on lines	17-24)	). Complete Part X of			
		Schedule D			1 512 766	25	5 675 720
	26	Total liabilities. Add lines 17 through 25			4,542,766.	26	5,675,738.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🔼 and			
ces	07	complete lines 27 through 29, and lines 33 an			4,740,239.	07	5,613,089.
lan	27	Unrestricted net assets	4,247,155.	27	3,289,084.		
Ba	28	Temporarily restricted net assets			1,211,133.	28 29	3,203,004.
Fund Balances	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (A		P) shock hare		29	
Ē		and complete lines 30 through 34.	30 930	oj, check here			
ts c	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances	8,987,394.	33	8,902,173.		
	34	Total liabilities and net assets/fund balances			13,530,160.	34	14,577,911.
	<u>, , , , , , , , , , , , , , , , , , , </u>				.,,=000	J F	, , , , , , , , , , , , , , , ,

Form **990** (2018)

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	13,94			
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,03			
3	Revenue less expenses. Subtract line 2 from line 1	3			21.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	8,90	2,1	73.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш	
			_	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 in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х		
			Form	990	(2018)	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization TRANSITIONS/MENTAL HEALTH ASSOCIATION **Employer identification number** 95-3509040

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.			
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch								
2		A school described in <b>sect</b> i								
3		A hospital or a cooperative					ii).			
4	$\Box$	A medical research organiz						the hospital's name		
		city, and state:	a operatea ee.	ngan onon man a moopha		5554.5		ino noophan o name,		
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a d	overnmental unit describ	ned in		
J		section 170(b)(1)(A)(iv). (C		ilege of difficulty owner	а ог орста	.ca by a g	overnmental and accord	)CG   1		
6				aantal unit daaarihad in	coetion 17	/O/b)/4)/A)	(v)			
6	X	A federal, state, or local gov						nublic described in		
′	21	An organization that norma	•	riliai part of its support i	rom a gov	ernmentai	unit or from the general	public described in		
_		section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	H									
9		An agricultural research org				-	-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or		
		university:								
10		An organization that norma								
		activities related to its exen	•	•				-		
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See <b>section 509(a)(2).</b> (Cor	•							
11	H	An organization organized a	•	•	-					
12	Ш	An organization organized a	•	•	•		•			
		more publicly supported or						Check the box in		
		lines 12a through 12d that	* *			-				
а			· · · · · · · · · · · · · · · · · · ·							
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting		
		organization. <b>You must o</b>								
b			•					•		
		control or management o			ame perso	ns that co	ontrol or manage the sup	pported		
		organization(s). <b>You mus</b>	-							
С							• •	ed with,		
		its supported organization		•						
d								` '		
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness		
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.			
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.				
f		er the number of supported o	•							
g		vide the following information		ed organization(s).  (iii) Type of organization	(iv) Is the orga	nization listed	(a) Among and of monopology	(vi) Amount of other		
	(	i) Name of supported organization	(ii) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No		Support (See motraotions)		
Tot:										
	• •									

Schedule A (Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 2

## 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.)

360	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9453622.	10046379.	11906737.	11644679.	12468475.	55519892.
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						
4	Total. Add lines 1 through 3	9453622.	10046379.	11906737.	11644679.	12468475.	55519892.
	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)						
6	Public support. Subtract line 5 from line 4.						55519892.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	9453622.	10046379.	11906737.	11644679.	12468475.	55519892.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,991.	3,344.	2,802.	6,601.	4,985.	21,723.
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.)						
11	<b>Total support.</b> Add lines 7 through 10						55541615.
12	Gross receipts from related activities,	etc. (see instructi	ons)				,751,531.
	First five years. If the Form 990 is for	•	,				· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop	-			•		<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2018 (I			column (f))		14	99.96 %
	Public support percentage from 2017					15	99.96 %
	33 1/3% support test - 2018. If the d					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			<b>▶</b> X
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and <b>stop h</b>	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		<b>▶</b> □
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported orga	anization	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	ıs ▶

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or 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						<u> </u>
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						1
Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization?	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi	zation,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2018 (lin	ne 8, column (f), d	divided by line 13,	column (f))		15	Ç
16 Public support percentage from 2017 S	Schedule A, Part	: III, line 15			16	Ç
Section D. Computation of Invest	tment Incom	e Percentage				
17 Investment income percentage for 201	8 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	(
18 Investment income percentage from 20					18	Ç
19a 33 1/3% support tests - 2018. If the c					33 1/3%, and line	17 is not
more than 33 1/3%, check this box and						
<b>b 33 1/3% support tests - 2017.</b> If the c	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	uiu not check a	DUX UIT III IE 14, 19	a, ur 190, check t	ins dux and see I	าอเเนษเปียร์	🖊 🗆

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	0-F7	2018
			,

Pai	art IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ection B. Type I Supporting Organizations		<u> </u>	·
	71 11 5 5		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 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				
	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	ection C. Type II Supporting Organizations			<u> </u>
	<u> </u>		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).	1		
Sec	ection D. All Type III Supporting Organizations	•		•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ıx		
	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 in (2), 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		
Sec	ection 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 yea(see in	nstructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c	ntity (see instruction	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b				
	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.	2b		
3				
а				
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	3 1 71 3 7			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h	1	ı

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 7

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 8
Part VI	<b>Supplemental Information.</b> 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 B

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

Name of the organization

Employer identification number

95-3509040 TRANSITIONS/MENTAL HEALTH ASSOCIATION Organization type (check one):

Filers of		Section:
Form 990	or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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	vour organization is	covered by the <b>General Rule</b> or a <b>Special Rule</b> .
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special l	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \$
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

# TRANSITIONS/MENTAL HEALTH ASSOCIATION

95-3509040

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,329,269.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,526,473.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 697,278.	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	- Humo, dudi coo, dira Zir 1 1	\$ 606,767.	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		\$ 306,074.	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
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# TRANSITIONS/MENTAL HEALTH ASSOCIATION

95-3509040

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<del></del>	
		\$	

Name of organization **Employer identification number** 95-3509040 TRANSITIONS/MENTAL HEALTH ASSOCIATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TRANSITIONS/MENTAL HEALTH ASSOCIATION

**Employer identification number** 95-3509040

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located ➤	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2018

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

Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	r Similar	Asse	<b>ts</b> (continue	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a si	gnificant us	e of its	collection it	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizati	on's exer	npt purpose	e in Par	t XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			$\square$	] Yes	No
Par	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pai	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?							$\square$	] Yes	No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe							🗀	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanati	on has been	n provided on	Part XIII			[	
Par	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.			
	·	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	d) Three yea	rs back	(e) Four yea	ars back
1a	Beginning of year balance	· ·	, ,	•						
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end baland	e (line 1	a. column (a	a)) held as:					
	Board designated or quasi-endowment	, ,	%	3,	-,,					
	Permanent endowment ▶	%								
	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation th	at are held a	and administe	ered for th	ne organizat	ion		
	by:	· ·					Ü		Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									<u> </u>
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		D, Part I	V, line 11a. S	See Form 990	D, Part X,	line 10.			
	Description of property	(a) Cost or o			t or other		cumulated		(d) Book va	alue
	, , ,	basis (investr			(other)		reciation		` ,	
1a	Land		<u> </u>	3,59	2,728.				3,592,	728.
	Buildings				4,298.	2,2	01,278		6,093,	
	Leasehold improvements				2,469.		58,328			141.
	Equipment				9,715.		69,065			650.
	Other			,	-	-			•	
	. Add lines 1a through 1e. (Column (d) must e		X, colui	nn (B), line 1	10c.)		b	1	0,440,	539.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 TRANSITIONS	/MENTAL 1	HEALTH	ASSOCIATION	95-3509040 <sub>Page</sub>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Pa	rt IV, line 11k	o. See Form 990, Part X, I	line 12.
(a) Description of security or category (including name of security)	(b) Book va	alue	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Pa	rt IV, line 11d		
(a) Description of investment	(b) Book va	alue	(c) Method of valuation	: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets				

Part IX	Other Assets.
Partix	Utner 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)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>&gt;</b>

## Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 TRANSTITIONS / MENTAL HEAD		95-3509040	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
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	2b		
С	Recoveries of prior year grants	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 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.)			
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
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 <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	5	

#### Part XIII Supplemental Information.

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

## PART X, LINE 2:

INCOME TAXES TOPIC OF FASB ACCOUNTING STANDARDS CODIFICATION REQUIRES, AMONG OTHER THINGS, THE RECOGNITION AND MEASUREMENT OF TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" (LIKELIHOOD GREATER THAN 50%) APPROACH. AS OF JUNE 30, 2019, MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT THE ORGANIZATION DID NOT MAINTAIN ANY TAX POSITIONS THAT DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD. THE ORGANIZATION DOES NOT EXPECT ANY MATERIAL CHANGES THROUGH JUNE 30,2020. HOWEVER, TAX RETURNS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2016 AND BY THE CALIFORNIA FRANCHISE TAX BOARD FOR FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2015.

Schedule D (Form 990) 2018

Schedule Difform 200) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 5  Part XIII Supplemental Information (continued)	Schedule D (Form 990) 2018	TRANSITIONS/MENTAL	HEALTH	ASSOCIATION	95-3509040 Page 5
	Part XIII   Supplemental Infor	rmation (continued)			
	-				

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

TRANSITIONS/MENTAL HEALTH ASSOCIATION

Employer identification number 95-3509040

	10110/111111111111111111111111111111111		<u> </u>	<u> </u>	75 5507	0 1 0					
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not					
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.											
a Mail solicitations e Solicitation of non-government grants											
b Internet and email solicitations  f Solicitation of government grants											
d In-person solicitations											
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or											
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be											
		ant to	agree	ements under which	the fundraiser is to b	oe .					
compensated at least \$5,000 by the	organization.										
		(iii)	Did		(v) Amount paid						
(i) Name and address of individual	(ii) Activity	(iii) fundr have c or cor	aiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)					
or entity (fundraiser)	(,,	or cor contrib	trol of utions?	from activity	fundraiser listed in col. <b>(i)</b>	organization					
		Yes	No								
<sup>-</sup> otal			•								
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration					
or neeriality.											

Schedule G (Form 990 or 990-EZ) 2018

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

Schedule G (Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through TEN TRUNKS 1 BOWLATHON col. (c)) (event type) (event type) (total number) Revenue 56,009 18,505. 101,562. 27,048. 1 Gross receipts 56,009 21,797. 77,806. 2 Less: Contributions 5,251. 18,505. 23,756. **3** Gross income (line 1 minus line 2) 4 Cash prizes 1,993. 1,993. 5 Noncash prizes Direct Expenses 2,100. 2,100. 6 Rent/facility costs 144. 5,395. 5,251. 7 Food and beverages 8 Entertainment 10,529. 9 Other direct expenses 3,993. 9,496. 24,018. 33,506. **10** Direct expense summary. Add lines 4 through 9 in column (d) -9,750. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3	5509040	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	└── No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
17	the frame and address of the person who prepares the organization's garming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
•	of gaming revenue retained by the third party > \$		
(	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	<u></u>		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	
•	organization's own exempt activities during the tax year > \$		
Da	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linoo O	0h 10h
ГС	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, IIIIes 9,	90, 100,
	····, ···, ···, ···· ···, ··· ···, ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ···		

Schedule G	(Form 990 or 990-EZ)	TRANSITIONS/MENTAL	${\tt HEALTH}$	ASSOCIATION	95-3509040 Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			-

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TRANSITIONS/MENTAL HEALTH ASSOCIATION

**Employer identification number** 95-3509040

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

COMMUNITY WELLNESS AND EDUCATION:

THE COMMUNITY WELLNESS AND EDUCATION PROGRAM PROVIDES COMPASSIONATE, INFORMED ASSISTANCE FOR FAMILIES, FRIENDS AND LOVED ONES OF PERSONS THEY KNOW OR SUSPECT HAVE A MENTAL ILLNESS. THE PROGRAM OFFERS DIRECT INFORMATION AND EDUCATION WITH THE GOAL OF PROVIDING RECOVERY SUPPORT, IN ADDITION, A WIDE VARIETY OF TRAININGS IS PROVIDED AND HOPE. THROUGHOUT THE YEAR TO HEALTH PROFESSIONALS AND COMMUNITY MEMBERS, OFTEN AT NO CHARGE.

EXPENSES \$ 2,084,990. INCLUDING GRANTS OF \$ 0. REVENUE \$ 48,906.

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

THE RETURN IS REVIEWED BY THE CFO AND CEO, THEN SUBMITTED TO THE FINANCE COMMITTEE FOR APPROVAL PRIOR TO FILING. IN ADDITION, THE 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING.

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

IN ADDITION TO REVIEWING ANNUALLY, THE BOARD MEMBERS DISCLOSE CONFLICTS OF INTEREST DURING THE YEAR AS THEY ARISE. THE BOARD ADDRESSES CONFLICTS OF INTEREST IMMEDIATELY UPON DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15A:

TMHA PARTICIPATES IN TWO SALARY SURVEYS TO RECEIVE COMPARABLE DATA ON WAGES FOR TOP MANAGEMENT STAFF. THE SALARY SURVEYS ARE CALIFORNIA ASSOCIATION OF SOCIAL REHABILITATION AND THE CENTER FOR NON PROFIT MANAGEMENT. THE SALARY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

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TRANSITIONS/MENTAL HEALTH ASSOCIATION	95-3509040
SURVEYS ARE FOR SIMILAR MENTAL HEALTH AGENCIES. IN ADDITI	ON, WE COMPARE THE
WAGES OF TMHA'S EXECUTIVE DIRECTOR WITH EIGHT TO TEN OTHE	R NON-PROFITS
AGENCIES OF THE SAME SIZE AND SCOPE IN SAN LUIS OBISPO AN	ID SANTA BARBARA
COUNTIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL DOCUMENTS ARE ONLINE, GOVERNING DOCUMENTS ARE A	VAILABLE UPON
REQUEST.	

### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018
Open to Public Inspection

OMB No. 1545-0047

TRANSITIONS/MENTAL HEALTH ASSOCIATION

Employer identification number 95-3509040

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	( <b>d)</b> r Total inco	me End-of-year		<b>(f)</b> rect controlli entity	ng
SLO TRANSITIONS LLC - 45-3539353							
784 HIGH STREET SAN LUIS OBISPO, CA 93401	HOLDING & OPERATING HOUSING PROJECTS FBO T-MHA	CALIFORNIA		1 50	P,000.HEALTH	ONS/MENT	
Part II Identification of Related Tax-Exempt Orga organizations during the tax year.  (a)  Name, address, and EIN	nizations. Complete if the organization ar  (b)  Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controll	ng Section	(g) n 512(b)(13) ntrolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	<u> </u>	entity?
						Yes	No

40 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	I	ortionate tions?	amount in box	managir partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr enti	ti) tion b)(13) rolled tity?
		country)		J. 1.25.4		45515		Yes	No
									<u> </u>
								<del>                                     </del>	<del></del>
									<u> </u>

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions wi	rith one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b					1b		
С					1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g					1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k I	Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundraising solicitations for related organization.				1k		
m	Performance of services or membership or fundraising solicitations by related organizations and related organizations are related organizations.				1m	1	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s				1n	1	
	Sharing of paid employees with related organization(s)				10		
Ŭ	Chairing of paid employees with related organization(c)						
g	Reimbursement paid to related organization(s) for expenses				1p		
a					1q	<del>-  </del>	
ч	Trembursement paid by related organization(s) for expenses				19		
r	Other transfer of cash or property to related organization(s)				1r		
	Other transfer of cash or property from related organization(s)				1s		
	If the answer to any of the above is "Yes," see the instructions for information on who						
	(a)	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount inv	olved		
<u>(1)</u>							
(2)							
(3)							
<u>(4)</u>							
<u>(5)</u>							
(6)							
83216	3 10-02-18			Schedule I	R (Forn	n 990)	2018

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners se	Share of	Share of	Dispri	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes No	p mcome	assets	Yes	No	(F01111 1065)	Yes N	0
											1
										1 1	

Schedule R	R (Form 990) 2018	TRANSITIONS/MENTAL	HEALTH	ASSOCIATION	95-3509040	Page 5
Part VII	R (Form 990) 2018  Supplemental Info	rmation.				
	Provide additional inform	nation for responses to questions on So	chedule R. See	instructions.		
					·	