

			EXTENDED TO MAY 15, 2024 Return of Organization Exempt From		×	OMB No. 1545-0047					
For	<b>. 99</b>					2022					
FOI			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e Do not enter social security numbers on this form as it may		ations)						
Depa	rtment of th	he Treasury	Go to www.irs.gov/Form990 for instructions and the lates	•		Open to Public Inspection					
A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023											
_	heck if		organization	D Employer ide		tion number					
a	pplicable:	• • • • • • •									
	Address change Name	TRAN	SITIONS/MENTAL HEALTH ASSOCIATION			_					
	_change	Doing b	usiness as	95-350	9040	)					
	return _Final		and street (or P.O. box if mail is not delivered to street address)								
	return/ termin- ated		BOX 15408	805-54	0-6:						
	ated Amendeo		own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$		18,190,911.					
	_lreturn ∃Applica-	SAN	LUIS OBISPO, CA 93406 nd address of principal officer: JILL BOLSTER-WHITE	H(a) Is this a gro							
	_ tion pending		AS C ABOVE	for subordin							
				<b>H(b)</b> Are all subordina		t. See instructions					
	Vebsite		$T-MHA \cdot ORG$	H(c) Group exem							
					<u> </u>	State of legal domicile: CA					
		Summary									
		-	e the organization's mission or most significant activities: HELP CHII	DREN AND A	DULI	S WITH					
ce			ILLNESS LIVE, WORK AND GROW IN OUR COM								
Governance		heck this bo			t asset	 S.					
ver					3	20					
s S		otal number	5	339							
/itie			of volunteers (estimate if necessary)		6	1107					
Activities &			d business revenue from Part VIII, column (C), line 12		7a	-8,609.					
	b N	et unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.					
				Prior Year	_	Current Year					
e	<b>8</b> C	ontributions	and grants (Part VIII, line 1h)	14,008,17		15,774,996.					
Revenue		•	ce revenue (Part VIII, line 2g)	1,528,21		1,749,617.					
Jev.			come (Part VIII, column (A), lines 3, 4, and 7d)	79		1,546.					
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	404,42		278,128.					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,941,60	-	17,804,287.					
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
			to or for members (Part IX, column (A), line 4)	9,713,21	$\frac{0.}{2}$	0.					
ses	15 S		compensation, employee benefits (Part IX, column (A), lines 5-10)		2.	<u>11,275,980.</u> 0.					
ens	16a P		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 147,349.		0.	0.					
Expenses			• • • • • • • • • • • • • • • • • • • •	5,160,98	2	5,809,773.					
_			es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,874,19		17,085,753.					
			- · · · · · · · · · · · · · · · · · · ·	1,067,41	<u></u>	718,534.					
L Se			expenses. Subtract line 18 from line 12	Beginning of Current Y		End of Year					
ets c	<b>20</b> To	ntal assets (F	Part X, line 16)	16,725,27		18,447,567.					
t Assets or d Balances	20 TO		(Part X, line 26)	6,378,03	4.	7,381,796.					
Net,			fund balances. Subtract line 21 from line 20	10,347,23		11,065,771.					
		Signature		, 2 •	- 1						
Und	er penalti	es of perjury,	declare that I have examined this return, including accompanying schedules and state	ements, and to the best (	of my kr	nowledge and belief, it is					
			Declaration of preparer (other than officer) is based on all information of which prepa		-						

Sign	Signature of officer	Date										
Here	JILL BOLSTER-WHITE, EXECUT	TIVE DIRECTOR										
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	MICAL W. BOVEE, CPA			self-employed P01023187								
Preparer	Firm's name GLENN BURDETTE, II	NC.		Firm's EIN 95-2772601								
Use Only	Firm's address 1150 PALM STREET											
	SAN LUIS OBISPO, CA 93401 Phone no. (805) 544-14											
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No								
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)											

	990 (2022) TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 2
Par	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 \$6, 274, 891. 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 \$4,012,465. including grants of \$) (Revenue \$1,749,617.) 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.
	AND NORTH SANTA BARBARA COUNTLES.
4c	(Code: ) (Expenses \$ 1,513,928. including grants of \$ ) (Revenue \$ 263,904.)
	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,938,045. including grants of \$ ) (Revenue \$ 63,210.)
4e	Total program service expenses     14,739,329.
	Form <b>990</b> (2022)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-192. If IVan II according to Schedule C. Part III	5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b>–</b>		
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
L.	Part VI	<u>11a</u>	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	116		х
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 22
10	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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a		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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	<b>990</b> (	(2022)
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 Form 990 (2022)
 TRANSITIONS/MENTAL
 HEALTH
 ASSOCIATION

 Part IV
 Checklist of Required Schedules
 (continued)
 (Continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			
	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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	0.51		v
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ū	"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		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	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
35a	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	$\square$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 73			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X 000	(2022)
232004	12-13-22	⊢orm	330	(2022)

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Form	990 (2022) TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509	040	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 339			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
		3a	X	<u> </u>
		3b	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30	Δ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
7		7-		X
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>x</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
a ⊾		1		
		1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand13c	1		
14a		14a		x
		14b		<u> </u>
. –				<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form	990 (	(2022)
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# TRANSITIONS/MENTAL HEALTH ASSOCIATION

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

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

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

				-	_	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		20							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y other								
	officer, director, trustee, or key employee?				2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	directs	supervisior	·			x				
	of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was <sup>-</sup>	filed?	L	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		L	5		X				
6	Did the organization have members or stockholders?			L	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point or	ne or								
	more members of the governing body?			L	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhold	ers, or				_				
	persons other than the governing body?			L	7b		X				
B	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the f	ollowing:								
	The governing body?			L	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			L	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue C	ode.)								
				-		Yes	No				
)a	Did the organization have local chapters, branches, or affiliates?			L	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			Γ							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b						
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	anization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?										
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y										
	on Schedule O how this was done	,			12c	х					
3	Did the organization have a written whistleblower policy?				13	Х					
4	Did the organization have a written document retention and destruction policy?				14	Х					
5	Did the process for determining compensation of the following persons include a review and approval			Γ							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-								
а	The organization's CEO, Executive Director, or top management official				15a	Х					
	Other officers or key employees of the organization			I	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			F							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with	۱a								
	taxable entity during the year?			Г	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·····							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	-								
	exempt status with respect to such arrangements?			F	16b						
ec	tion C. Disclosure						•				
7	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>										
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T	(section 5	01(c)(3)s d	only)	availat	ble				
	for public inspection. Indicate how you made these available. Check all that apply.				.,						
	Own website X Another's website X Upon request Other (explain	on Sch	edule (O)								
				licy, and f	inano	cial					
9		ntlict of									
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest pe	<b>,</b> ,							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.			,							
9 D	Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo			<b>,</b> ,							
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.			<b>,</b> ,							

Form 990 (2022)	TRANSITIONS/MENTAL HEALTH ASSOCIATION	95-3509040	Page 7						
Part VII Compensat	ion of Officers, Directors, Trustees, Key Employees, Highest Com	pensated							
Employees	and Independent Contractors								
Check if Scheo	ule O contains a response or note to any line in this Part VII								
Section A. Officers, Dire	ctors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box, unle		and a director/trustee)			n an	compensation	compensation	amount of
	week		cer ar		Irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	Institutional trustee		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	L_	m ploy	st col	L.	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) JAMES HAAS	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) TIM WILLIAMS	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) CAROL ARMSTRONG	3.00									
SECRETARY		Х		Х				0.	0.	0.
(4) CINDY JOHNSON	3.00									
TREASURER		Х		Х				0.	0.	0.
(5) CASEY APPELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) DAVE BERNHARDT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DR. PETER GARCIA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) STEVE JOBST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) LISA KATHERMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARIA LEGATO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MICHAEL MARTINEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ADAM NEWTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SHELLEY NORTHROP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOY PEDERSEN	1.00								•	
BOARD MEMBER		Х						0.	0.	0.
(15) HEATHER MACCUISH SMITH	2.00	I								•
BOARD MEMBER		Х						0.	0.	0.
(16) JILL BOLSTER-WHITE	40.00			<u>-</u> -					•	07 100
EXECUTIVE DIRECTOR	40.00			X				157,450.	0.	27,492.
(17) JULIA TIDIK	40.00								•	14 215
MEDICAL TEAM LEAD						X		157,815.	0.	14,315.

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Form 990 (2022)

95-3509040

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	ONS/MENT	AL	, H	ΈA	LT	'H	AS	SOCIATION	95-3509	040 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	-
(A) Name and title	<b>(B)</b> Average hours per week	erage Positio (do not check mo box, unless perso				than c s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated 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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MEGHAN BOAZ-ALVAREZ	40.00							110 000	<u> </u>	0.050
CLINICAL DIRECTOR (19) CHRISTINA HARNEY	40.00					X		118,879.	0.	8,259.
CLINICAL DIRECTOR	40.00					x		113,494.	0.	8,290.
(20) ANNA YEACKLE LEAD CLINICIAN	40.00					x		111,721.	0.	13,692.
						•			0.	15,092.
1b Subtotal								659,359.	0.	72,048.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.	0.	0.72,048.
2 Total number of individuals (including but r compensation from the organization								eceived more than \$100,	000 of reportable	5
3 Did the organization list any <b>former</b> officer	director truste	e k	(ev e	mol	over	e or	hia	hest compensated emp	lovee on	Yes No
line 1a? If "Yes," complete Schedule J for s	uch individual								-	3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	,		•							
rendered to the organization? If "Yes," con	plete Schedule	e J fo	or su	ıch į	perso	on .				5 X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated ind	ene	nder	nt co	ontra	actor	e th	at received more than \$	100 000 of compense	ation from
the organization. Report compensation for									, 1	
(A) Name and business								<b>(B)</b> Description of s	ervices (	<b>(C)</b> Compensation
CAPSTONE SOLUTIONS CONSULTING GRO 19501 RANCH LN, UNIT 105, HUNTING				L	LC	'		CONSULTING		145,000.
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	d to	thos	e lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organi	zation				1	<u> </u>				Form <b>990</b> (2022)

Form **990** (2022)

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Pa	rt VI	II Statement of Re	venue						
		Check if Schedule O	contains a r	response	or note to any line	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns		1a					
ant	b			1b					
D G	с			1c	72,522.				
iifts ar A	d	Related organizations		1d					
s, G mila	е	e Government grants (contr		1e	15,207,043.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,							
		similar amounts not included	l above	1f	495,431.				
	g	Noncash contributions included in	lines 1a-1f	1g \$	5,111.				
	h	Total. Add lines 1a-1f				15,774,996.			
					Business Code				
е	2 a	PROGRAM RENTAL INCO	ME		532000	1,749,617.	1,749,617.		
ervi	b	)							
am Ser evenue	С								
Jev	d	l							
Program Service Revenue	е								
д.	f	All other program service				1,749,617.			
	g 3	<b>Total.</b> Add lines 2a-2f				1,749,017.			
	3	Investment income (includ other similar amounts)	-			4,552.			4,552.
	4	Income from investment of			racaada	1,002.			1,552.
	5	Royalties			Г				
	Ŭ			Real	(ii) Personal				
	6 a	Gross rents	6a	67,550.					
	b			86,744.					
	с			19,194.					
	d		)			-19,194.		-8,609.	-10,585.
	7 a	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
anı		and sales expenses	7b		3,006.				
Revenue		Gain or (loss)			-3,006.				
Re	d	I Net gain or (loss)		·····		-3,006.			-3,006.
Other	8 a	Gross income from fundraisi							
ō		including \$							
		contributions reported on			2 700				
		Part IV, line 18							
		Less: direct expenses			53,572.	-29,792.			-29,792.
	C Q					25,152.			25,152.
	9 a	Gross income from gamin Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from			-				
		Gross sales of inventory, I							
		and allowances			527,206.				
	b	Less: cost of goods sold							
		Net income or (loss) from		·····	· · · · · · · · · · · · · · · · · · ·	263,904.	263,904.		
					Business Code				
sno	11 a	MISCELLANEOUS			900099	63,210.	63,210.		
scellaneo Revenue	b	)							
Sella	с	;							
Miscellaneous Revenue	d	All other revenue							
-	е	• Total. Add lines 11a-11d				63,210.			
	12	Total revenue. See instruction	ons			17,804,287.	2,076,731.	-8,609.	-38,831.
23200	9 12-13	3-22							Form <b>990</b> (2022

TRANSITIONS/MENTAL HEALTH ASSOCIATION

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Form 990 (2022)

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TRANSITIONS/MENTAL HEALTH ASSOCIATION

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	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,				
	trustees, and key employees	167,327.		167,327.	
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	9,077,093.	8,051,933.	934,378.	90,782.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	317,820.	276,503.	39,221.	2,096.
9	Other employee benefits	1,027,422.	893,857.	126,790.	6,775.
10	Payroll taxes	686,318.	600,293.	79,187.	6,838.
11	Fees for services (nonemployees):				
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.)	703,636.	407,800.	295,836.	
12	Advertising and promotion	30,946.	14,388.	11,693.	4,865.
13	Office expenses	209,498.	186,993.	16,831.	5,674.
14	Information technology	156,853.	125,884.	30,969.	
15	Royalties				
16	Occupancy	2,892,147.	2,797,793.	93,445.	909.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100 040	100 000	F0 100	4
20	Interest	189,240.	138,979.	50,108.	153.
21	Payments to affiliates	453 333	240 605	104 202	~ ~ ~
22	Depreciation, depletion, and amortization	453,323.	348,695.	104,309.	319.
23	Insurance	127,371.	101,781.	24,437.	1,153.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES & SUBSCRIPTIONS	265,981.	114,543.	147,293.	4,145.
a b	RECREATION & CLIENT EXP	216,189.	216,189.		-,
c	TRANSPORTATION	187,938.	174,287.	13,325.	326.
d	STAFF DEVELOPMENT & TRA	178,085.	143,392.	34,618.	75.
	All other expenses	198,566.	146,019.	29,308.	23,239.
25	Total functional expenses. Add lines 1 through 24e	17,085,753.	14,739,329.	2,199,075.	147,349.
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)				
					- 000 /

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Form 990 (2022)

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Form 990 (	2022) TRANSITIONS/MENTAL HEALTH ASSOC	CIATION	95-	3509040 Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,621,762.	1	1,432,955.
2	Savings and temporary cash investments	426,381.	2	621,856.
3	Pledges and grants receivable, net	2,202,173.	3	2,916,570.
4	Accounts receivable, net	26,766.	4	21,228.
5	Loans and other receivables from any current or former officer, director,			

5 Loa trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 95,632. 98,270. 8 Inventories for sale or use 8 406,172. 244,475. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 17,702,201. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 5,485,267. 11,946,385. 12,216,934. b Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 0. 895,279. Other assets. See Part IV, line 11 15 15 16,725,271. 18,447,567. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,244,116. 960,631. Accounts payable and accrued expenses 17 17 18 18 Grants payable 121,014. 17,749. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 5,296,389. 5,297,427. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 822,504. 0. 25 of Schedule D 6,378,034. 7,381,796. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,853,966. 6,742,541. 27 27 Net assets without donor restrictions Net assets with donor restrictions 3,604,696. 4,211,805. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 10,347,237. 11,065,771. Total net assets or fund balances 32 32 16,725,271. 18,447,567. 33 33 Total liabilities and net assets/fund balances

Form 990 (2022)

Forn	1 990 (2022) TRANSITIONS/MENTAL HEALTH ASSOCIATION	95-	3509	040	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,804</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	,085		
3	Revenue less expenses. Subtract line 2 from line 1	3				34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,347	7,2	<u>37.</u>
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	11	,065	5,7	71.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
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	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 separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X 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	audit,				
	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 on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2022)

232012 12-13-22

SCHEDU	JLE A

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of th	e organization
------------	----------------

Employer identification number

	TRAN						5-3509040	
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction		
The organ	nization is not a private found	lation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	Illy receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general i	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
	university:							
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Co	. ,						
	An organization organized a	•	, .	•				
12	An organization organized a		•	•		-	•	
	more publicly supported or	-						Check the box on
_	lines 12a through 12d that	• •					-	
a	<b>Type I.</b> A supporting orga		-	• • • •	-			
	the supported organization			i majority c	of the aired	ctors or trustee	es of the sl	apporting
<b>b</b>	organization. You must o	-		tion with it.		d arganization	a(a) by bay	vin a
b	<b>Type II.</b> A supporting org	-				-		-
	control or management o organization(s). <b>You mus</b>			ame perso	ns that co	ntroi or manaç	je i le sup	Joned
c	Type III functionally inte	-		in connect	tion with	and functional	ly integrate	ad with
	its supported organization						iy miegrate	ia with,
d	Type III non-functionally		-				ted organi:	zation(s)
u	that is not functionally int						-	
	requirement (see instruct	•		-		-	anatom	
e	Check this box if the orga	,	•				II. Type III	
	functionally integrated, or					· · <b>/</b> ·, · <b>/</b> ·	,	
f Ent	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
g Pro	vide the following informatior	n about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of	-	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total								1

# Schedule A (Form 990) 2022 Part II Support Sch

## 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.)

Sec	ction A. Public Support			-	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	12468475.	13656878.	13064665.	14007877.	<u>15774996.</u>	68972891.	
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	12468475.	13656878.	13064665.	14007877.	15774996.	68972891.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						68972891.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	12468475.	13656878.	13064665.	14007877.	<u>15774996.</u>	68972891.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	4,985.	1,381.	1,283.	797.	72,102.	80,548.	
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	Total support. Add lines 7 through 10						69053439.	
12	Gross receipts from related activities,	, etc. (see instructic	ons)			12 11	,380,433.	
13	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)		
	organization, check this box and sto							
Sec	ction C. Computation of Public	ic Support Per	centage					
	Public support percentage for 2022 (					14	99.88 %	
	Public support percentage from 2021					15	99.98 %	
<b>16</b> a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		•					
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	iis box	
	and stop here. The organization qua		• •					
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organia	zation	
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or	
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s	
						Schedule A	(Form 990) 2022	

			HEALTH ASSOCIATION	95-3509040	Page 3
Part III	Support Schedule for	r 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

Sec	Suon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) orgai	nization,
Sec	check this box and stop here						<u></u>
	Public support percentage for 2022 (			column (f))		15	%
16	Public support percentage from 2021	1 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income					
	Investment income percentage for 2					17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che			-		-	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19;	a, or 19b, check tl	his box and see ins		
23202	23 12-09-22		15			Schee	dule A (Form 990) 2022

<sup>2022.05090</sup> TRANSITIONS/MENTAL HEALTH 016514\_1

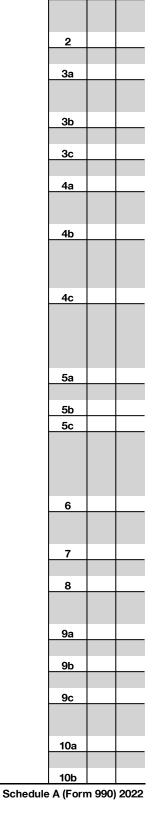
#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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Yes No

1

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#### Schedule A (Form 990) 2022 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page 5 Part IV Supporting Organizations (continued)

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

# Section C. Type II Supporting Organizations

 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

Section D	. All Type III	Supporting	Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

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

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

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

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

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

3b | | Schedule A (Form 990) 2022

2a

2b

3a

No

Yes No

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2022.05090 TRANSITIONS/MENTAL HEALTH 016514\_1

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Sche	dule A (Form 990) 2022 TRANSITIONS/MENTAL HEA			95-3509040 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on l	Nov. 20, 1970 ( <i>explai</i> l	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting	organization (see

instructions).

Schedule A (Form 990) 2022

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TRANSITIONS/MENTAL	HEALTH	ASSOCIATION	
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		ENTAL HEALTH AS			5-3509040	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive	•			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	Γ	1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

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<u>Schedule</u> A	(Form 990) 2022			TAL HEALTI			95-3509040 Page
Part VI	Supplemental Infor	lines 2 and 3; F	Part IV, Section E,	lines 1c, 2a, 2b, 3	a, and 3b; Part V	/, line 1; Part V,	7b; Part III, line 12; Ind 2; Part IV, Section C, Section B, line 1e; Part V,
232028 12-09-2	22						Schedule A (Form 990) 2

#### 223451 11-15-22

# Schedule B

#### (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

95-3509040

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 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

TRANSITIONS/MENTAL HEALTH ASSOCIATION

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

#### General Rule

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

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

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

Schedule B (Form 990) (2022)



Schedule B (Form 990) (2022)

TRANSITIONS/MENTAL HEALTH ASSOCIATION

Employer identification number

95-3509040

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 8,400,149.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,227,063.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,180,193.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>736,289.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>322,799.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>316,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

15030513 756668 016514

(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-22			Schedule B (Form 990) (2022)

TRANSITIONS/MENTAL HEALTH ASSOCIATION

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

Name of organization

Part II

(a)

95-3509040

23

Schedule B (Form 990) (2022)

Name of or	3 (Form 990) (2022) ganization		Employer identification	Page <b>4</b> number
TRANSI Part III	from any one contributor. Complete columns (a)	ons to organizations described in a through (e) and the following line e charitable, etc., contributions of \$1,000 c	95-3509040 section 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For organizations or less for the year. (Enter this info. once.) \$	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	ł
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee	
			`	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	3
		(e) Transfer of g		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	i
-		(e) Transfer of g		
-	Transferee's name, address, a		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	j
Ī		(e) Transfer of g	-	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
			Schedule B (Form	

Schedule B (Form 990) (2022)

Department of the Treasury

Internal Revenue Service

(Form	990)
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# **Supplemental Financial Statements**

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

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



Name of the organization

#### TRANSITIONS/MENTAL HEALTH ASSOCIATION

Employer identification number 95 - 3509040

Par			or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lir			
		(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	exclusive legal control?		No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	
				No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	f a historically important land area	
	Protection of natural habitat	Preservation o	f a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form		
	day of the tax year.		Held at the End of the Tax Ye	ar
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)		
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax	
	year			
4	Number of states where property subject to conservation east	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	t holds?	Yes 🛄 M	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year	
-				
8	Does each conservation easement reported on line 2(d) abov			
-	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the	
Par	organization's accounting for conservation easements. T III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	ther Similar Assets	
1 41	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 95		and balance sheet works	
Id	of art, historical treasures, or other similar assets held for pul			
			·	
h	service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95			
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in furth	lerance of public service,	
			¢	
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures or other similar assets for financia		—
2	-		li galii, provide	
~	the following amounts required to be reported under FASB A	-	\$	
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		<u> </u>	
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990	⊅ Schedule D (Form 990) 20	122
		5 IGT 0111 990.		,
202001	1 00-0 1-22	25		

		IONS/MENTAI					5-35			age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historica	I Treasures, o	or Other S	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any o	f the following th	at make sigr	nificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 📃 Loan d	or exchange prog	ram					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how they furt	her the organizat	ion's exemp	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit of	-	-	-	-					
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran						Part IV. I			
	reported an amount on Form 990, Pa		ste it itte etgat							
1a	Is the organization an agent, trustee, custod		iary for contrib	utions or other a	ssets not inc	cluded				
Ĩ	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII								L	] 110
			lowing table.					Amoun	t	
~	Beginning balance					1c				
	Additions during the year					10 10				
	Distributions during the year					1e				
	Ending balance					16 1f				
	Did the organization include an amount on F					· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.				-			_		1
Par										<u></u>
		(a) Current year	(b) Prior ye			d) Three yea	ars back	(e) Fou	r vears	hack
10	Paginning of year balance	(u) currone your	(0) Horye			<b></b>		(0) 1 00	youro	Buon
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur			mn (a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are h	eld and administe	ered for the			i		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			e R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 1	1a. See Form 99	0, Part X, lir	ne 10.				
	Description of property	(a) Cost or o	• • •	Cost or other	1	cumulated		<b>(d)</b> Boo	k valu	е
		basis (investn	,	basis (other)		eciation				
1a	Land			,514,833.				4,51		
	Buildings			<u>,351,234</u> .		55,98		6,89		
	Leasehold improvements			<u>,153,844</u> .		35,91			7,9:	
	Equipment		1	,640,318.		82,87			7,4	
	Other			41,972.		10,49			1,4	
	. Add lines 1a through 1e. (Column (d) must e		X. column (B).	line 10c.)			1	2,21	6,9	34.
		-		-	-					

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (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, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Fotal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) [otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
	15.)		
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line			
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of list little			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability			
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         I.       (a) Description of liability         (1)       Federal income taxes	on Form 990, Part IV, line 1		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" (a)         I.       (a) Description of liability         (1)       Federal income taxes         (2)       OPERATING LEASE LIABILITIE	on Form 990, Part IV, line 1		(b) Book value 691,150
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"       .         I.       (a) Description of liability         (1) Federal income taxes       .         (2) OPERATING LEASE LIABILITIE       .         (3) CLIENT DEPOSITS       .	on Form 990, Part IV, line 1		(b) Book value 691,150
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes         (2)       OPERATING LEASE LIABILITIE         (3)       CLIENT DEPOSITS         (4)	on Form 990, Part IV, line 1		(b) Book value 691,150
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes         (2)       OPERATING LEASE LIABILITIE         (3)       CLIENT DEPOSITS         (4)       (5)	on Form 990, Part IV, line 1		(b) Book value 691,150
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" (a) Description of liability         (1)       Federal income taxes         (2)       OPERATING LEASE LIABILITIE         (3)       CLIENT DEPOSITS         (4)       (5)         (6)	on Form 990, Part IV, line 1		(b) Book value 691,150
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" (a) Description of liability         (1)       Federal income taxes         (2)       OPERATING LEASE LIABILITIE         (3)       CLIENT DEPOSITS         (4)       (5)         (6)       (7)	on Form 990, Part IV, line 1		(b) Book value 691,150
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes         (2)       OPERATING LEASE LIABILITIE         (3)       CLIENT DEPOSITS         (4)       (5)         (6)       (7)         (8)	on Form 990, Part IV, line 1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" (a) Description of liability         (1)       Federal income taxes         (2)       OPERATING LEASE LIABILITIE         (3)       CLIENT DEPOSITS         (4)       (5)         (6)       (7)	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	(b) Book value 691,150

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

Schedule D (Form 990) 2022

232053 09-01-22

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Schedule D (Form 990) 2022	TRANSITIONS/MENTAL	HEALTH ASSOCIATION	95-3509040	Page 3
Part VII Investments -	Other Securities.			

_	Schedule D (Form 990) 2022 TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3509040 Page						
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total revenue, gains, and other support per audited financial statements			1	17,915,712.		
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	111,425.				
е	Add lines 2a through 2d			2e	111,425.		
3	Subtract line 2e from line 1			3	17,804,287.		
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 <b>4a</b> and <b>4b</b>			4c	0.		
-							
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	17,804,287.		
5 Pa		ents With	Expenses per F				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	letur	n.		
5 Ра 1	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.)</i>	ents With	Expenses per F				
_	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	letur	n.		
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents With	Expenses per F	letur	n.		
1 2	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With 	Expenses per F	letur	n.		
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,)         Total Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With 	Expenses per F	letur	n.		
1 2 a b	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents With 	Expenses per F	letur	n. 17,197,178.		
1 2 a b c	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	111,425.	letur	n. <u>17,197,178.</u> 111,425.		
1 2 b c d	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	111,425.	1	n. 17,197,178.		
1 2 b c d e	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	111,425.	letur 1 2e	n. <u>17,197,178.</u> 111,425.		
1 2 b c d 3	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d       Subtract line 2e from line 1	ents With	111,425.	letur 1 2e	n. <u>17,197,178.</u> 111,425.		
1 2 6 6 8 4	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With2a2b2c2d2d4a4a	111,425.	letur 1 2e	n. <u>17,197,178.</u> 111,425.		
1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part IVIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	111,425.	letur 1 2e 3 4c	n. <u>17,197,178.</u> <u>111,425.</u> 17,085,753. 0.		
1 2 d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part IX, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	111,425.	1 2e 3	n. <u>17,197,178.</u> <u>111,425.</u> <u>17,085,753.</u>		

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\_XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING RECLASSIFICATION	24,680.
RENTAL EXPENSES	86,745.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	111,425.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING RECLASSIFICATION	24,680.
RENTAL EXPENSES	86,745.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	111,425.

232054 09-01-22

15030513 756668 016514

Schedule D (Form 990) 2022 Part XIII Supplementa	TRANS	TIONS/MENTAL	HEALTH	ASSOCIATION	95-3509040	Page 5
Part XIII Supplementa	al Information <sub>(cc</sub>	ontinued)				
					Schedule D (Form 9	90) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	c	0MB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, or if the		2022
Department of the Treasury		Attach to Form 990 c	r Forn	n 990	-EZ.			Open to Public Inspection
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instruc	tions	and th	ne latest information		er identification number	
Hame of the organization		IONS/MENTAL HEALTH	ASS	SOCI	TATION	95-35		
	ing Activities.	Complete if the organization answe						
required to complete this part.         1         Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations         b       Internet and email solicitations         c       Phone solicitations         g       Special fundraising events         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 compensated at least \$5,000 by the organization.								
(i) Name and addres or entity (fund		(ii) Activity	have custody		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
<b>3</b> List all states in whitor licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt fro	om reg	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

#### TRANSITIONS/MENTAL HEALTH ASSOCIATION

95-3509040 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TRUNKS OF			(add col. (a) through
			TREASURE	BOWL-A-THON	1	col. (c)
e			(event type)	(event type)	(total number)	coi. (c))
Hevenue	1	Gross receipts	46,816.	22,804.	6,681.	76,301
	2	Less: Contributions	43,036.	22,804.	6,681.	72,521
	3	Gross income (line 1 minus line 2)	3,780.			3,780
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs	4,275.	2,712.		6,987
Uirect Expenses	7	Food and beverages	11,755.	358.	701.	12,814
<u>ן</u> ב	8	Entertainment			100.	100
	9	Other direct expenses		2,661.	598.	13,671
	10	Direct expense summary. Add lines 4 throu	gh 9 in column (d)			33,572
	11	Net income summary. Subtract line 10 from				-29,792
'a	rt I	• • • • • • • • • • • • • • • • •	n answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.		Г Г		<b>I</b>
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Hevenue			., .	bingo/progressive bingo	() 0 0	col. (a) through col. (a
ě						
-	1	Gross revenue				
	2	Cash prizes				
ses	2					
ä	3	Noncash prizes				
Щ	Ŭ					
Uirect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	No	Νο	
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
- 1	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
	-					
)		ter the state(s) in which the organization cond	ducts gaming activities:			
	Ent	ter the state(s) in which the organization cond he organization licensed to conduct gaming		states?		Yes N
а	Ent Is t	he organization licensed to conduct gaming	activities in each of these	states?		Yes N
а	Ent Is t		activities in each of these	states?		Yes N
а	Ent Is t	he organization licensed to conduct gaming	activities in each of these	states?		Yes N
a b	Ent Is t If "	he organization licensed to conduct gaming No," explain:	activities in each of these			
a b )a	Ent Is t If "	he organization licensed to conduct gaming	activities in each of these s	rminated during the tax y		
a b )a	Ent Is t If "	he organization licensed to conduct gaming No," explain: ere any of the organization's gaming licenses	activities in each of these s	rminated during the tax y		
a b a	Ent Is t If "	he organization licensed to conduct gaming No," explain: ere any of the organization's gaming licenses	activities in each of these s	rminated during the tax y		

Sche	edule G (Form 990) 2022	TRANSITIONS/MENTAL HEALTH ASSOCIATION 95-3	509040	Page 3
11	Does the organization conduct ga	aming activities with nonmembers?	Yes	No
12	Is the organization a grantor, ben	eficiary 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			
а	The organization's facility		13a	%
			13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records:		
	Name			
	Address			
				<b>—</b>
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	Yes	No No
-				
b		ning revenue received by the organization \$ and the amount		
		e third party \$		
С	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
	Address			
16	Gaming manager information:			
10	danning manager mornation.			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee Independent contractor		
	Mandatory distributions:			
а	•	r state law to make charitable distributions from the gaming proceeds to		<b></b>
	retain the state gaming license?		Yes	└── No
b		required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activit rt IV Supplemental Infor	ties during the tax year \$ <b>'mation.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		2h 10h
I U		s applicable. Also provide any additional information. See instructions.	III, III les 9, 3	90, 100,
	155, 156, 16, and 175, as			
23208	33 10-27-22		le G (Form	990) 2022
		32		

<u>Schedule G</u>	(Form 990)	TRANS	ITIONS/MENTAL	HEALTH	ASSOCIATION	95-3509040	Page 4
Part IV	(Form 990) Supplemental Infor	mation <sub>(c</sub>	ontinued)				
		-					
						Schedule G (F	orm 0001
232084 04-01-2	2					Schedule d (F	5111 990)

33 2022.05090 TRANSITIONS/MENTAL HEALTH 016514\_1

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SC	HEDULE J		OMB No. 1545-0047				
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>n</b>		
		Compensated Employees		20	22		
Dene	transit of the Transition	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	ne of the organization	1		identificatio		mber	
		TRANSITIONS/MENTAL HEALTH ASSOCIATION	95-2	350904	0		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for com	panions Payments for business use of personal re	sidence				
		ation and gross-up payments					
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
_		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
~							
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee						
	X Form 990 of o	ompensation consultantXCompensation survey or studyther organizationsXApproval by the board or compensation compensation	ommittoo				
			ommittee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	-	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?				X	
	-	eive payment from an equity-based compensation arrangement?				x	
-	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r						
а	-			5a		X	
b	Any related organiz	ation?		5b		X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the n	et earnings of:					
а	The organization?			6a		X	
		ation?				X	
	If "Yes" on line 6a c	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				x	
	not described on lines 5 and 6? If "Yes," describe in Part III						
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section	1 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n <b>990</b> )	2022	

232111 10-18-22

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JILL BOLSTER-WHITE	(i)	157,450.	0.	0.	8,222.	19,270.	184,942.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIA TIDIK	(i)	157,815.	0.	0.	8,139.	6,176.	172,130.	0.
MEDICAL TEAM LEAD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

\_\_\_\_\_

#### Schedule J (Form 990) 2022 T Part III Supplemental Information

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

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



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,

TRANSITIONS/MENTAL HEALTH ASSOCIATION

INFORMED ASSISTANCE FOR FAMILIES, FRIENDS AND LOVED ONES OF PERSONS

THEY KNOW OR SUSPECT HAVE A MENTAL ILLNESS. THE PROGRAM OFFERS DIRECT

SUPPORT, INFORMATION AND EDUCATION WITH THE GOAL OF PROVIDING RECOVERY

AND HOPE. IN ADDITION, A WIDE VARIETY OF TRAININGS IS PROVIDED

THROUGHOUT THE YEAR TO HEALTH PROFESSIONALS AND COMMUNITY MEMBERS,

OFTEN AT NO CHARGE.

EXPENSES \$ 2,938,045. INCLUDING GRANTS OF \$ 0. REVENUE \$ 63,210.

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.

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization TRANSITIONS/MENTAL HEALTH ASSOCIATION	Employer identification number 95-3509040
SURVEYS ARE FOR SIMILAR MENTAL HEALTH AGENCIES. IN ADDITIO	N, WE COMPARE THE
WAGES OF TMHA'S EXECUTIVE DIRECTOR WITH EIGHT TO TEN OTHER	NON-PROFITS
AGENCIES OF THE SAME SIZE AND SCOPE IN SAN LUIS OBISPO AND	SANTA BARBARA
COUNTIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL DOCUMENTS ARE ONLINE, GOVERNING DOCUMENTS ARE AV	AILABLE UPON
REQUEST.	
232212 10-28-22	Schedule O (Form 990) 2022

## 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. OMB No. 1545-0047

2022 Open to Public

Employer identification number 95 - 3509040

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

## TRANSITIONS/MENTAL HEALTH ASSOCIATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
SLO TRANSITIONS LLC - 45-3539353					
784 HIGH STREET	HOLDING & OPERATING HOUSING				TRANSITIONS/MENTAL
SAN LUIS OBISPO, CA 93401	PROJECTS FBO T-MHA	CALIFORNIA		1,520,000.	HEALTH ASSOCIATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022

#### Schedule R (Form 990) 2022 TRANSITIONS/MENTAL HEALTH ASSOCIATION

95-3509040 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)	(1	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	al cite corgin try) Direct controlling entity Predominant income (related, unrelated, excluded from tax under try) Share of total income Share of total income Share of total income Share of total Share of total Sha		Code V-UBI amount in box 20 of Schedule		ral or aging ner?	Percentage ownership				
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	]											
	1											
	1											
	1											
	-											
	1											
	4											
	4											

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.

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

### Schedule R (Form 990) 2022 TRANSITIONS/MENTAL HEALTH ASSOCIATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	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	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		
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.			

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
(4)				
<u>(5)</u>				
(6)				

### Schedule R (Form 990) 2022 TRANSITIONS/MENTAL HEALTH ASSOCIATION

# 95-3509040

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)	6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	e all ers sec				• <b>,</b> opor-	Code V-UBI	Genera	al or P	ercentage
of entity	· ······	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	c)(3) is.?	total	end-of-year	Dispr tior allocat	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	er?	ownership
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	NO	
										ſ			
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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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