

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

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the **2010** calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **MENTAL HEALTH AMERICA, INC.**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **2000 N. BEAUREGARD ST., 6TH FLOOR**
 City or town, state or country, and ZIP + 4: **ALEXANDRIA, VA 22311**

D Employer identification number: **13-1614906**

E Telephone number: **(703) 684-7722**

G Gross receipts \$: **4,205,365.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.MENTALHEALTHAMERICA.NET**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1950** **M** State of legal domicile: **NY**

H(c) Group exemption number

F Name and address of principal officer: **DAVID SHERN**
SAME AS C ABOVE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ACHIEVING VICTORY OVER MENTAL ILLNESSES AND ADDITIONS THROUGH ADVOCACY, EDUCATION AND RESEARCH.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a) 3 28
4	Number of independent voting members of the governing body (Part VI, line 1b) 4 28
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 29
6	Total number of volunteers (estimate if necessary) 6 1
7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,048,776. 2,102,554.
	9 Program service revenue (Part VIII, line 2g) 529,770. 404,072.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -471,179. 219,555.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 68,926. 129,294.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,176,293. 2,855,475.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 427,369. 336,648.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,910,457. 2,308,316.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 398,158.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,469,993. 1,480,831.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,807,819. 4,125,795.
19 Revenue less expenses. Subtract line 18 from line 12 -2,631,526. -1,270,320.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 6,862,844. 5,425,095.
	21 Total liabilities (Part X, line 26) 804,552. 751,372.
	22 Net assets or fund balances. Subtract line 21 from line 20 6,058,292. 4,673,723.

Part II Signature Block

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

Sign Here: Signature of officer: *Julie Burke* Date: **5/6/11**
JULIE N. BURKE, VP, FINANCE & HR
 Type or print name and title

Preparer: Print/Type preparer's name: **JAMES P. SWEENEY, CPA** Preparer's signature: *James P. Sweeney, CPA* Date: **4/30/11** Check if self-employed PTIN
 Firm's name: **RSM MCGLADREY, INC.** Firm's EIN
 Firm's address: **8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205** Phone no. **703-336-6400**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

Briefly describe the organization's mission:

MENTAL HEALTH AMERICA IS DEDICATED TO PROMOTING MENTAL HEALTH, PREVENTING MENTAL AND SUBSTANCE USE CONDITIONS AND ACHIEVING VICTORY OVER MENTAL ILLNESSES AND ADDICTIONS THROUGH ADVOCACY, EDUCATION, RESEARCH AND 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,313,994. including grants of \$ 253,988.) (Revenue \$ 336,092.)
CONSTITUENCY SERVICES: MHA WILL FACILITATE AND SUPPORT MENTAL HEALTH ASSOCIATION AFFILIATE EFFORTS TO PROVIDE HIGH QUALITY, CULTURALLY COMPETENT MENTAL HEALTH SERVICES AND SUPPORT TO CHILDREN, ADULTS AND SENIORS ACCORDING TO LOCAL NEEDS AND AFFILIATE SUPPORT.

(Code:) (Expenses \$ 911,306. including grants of \$ 82,660.) (Revenue \$)
ADVOCACY: MHA ADVOCATES FOR LAWS AND POLICIES THAT PROMOTE HEALTH, ENSURE ACCESS TO EFFECTIVE CARE, AND PROTECT THE RIGHTS OF PEOPLE WHO HAVE MENTAL HEALTH ISSUES, AND THEIR FAMILIES. IN ALLIANCE WITH OUR NATIONWIDE AFFILIATE NETWORK, MHA FIGHTS SUCCESSFULLY AT THE FEDERAL, STATE AND LOCAL LEVELS TO OVERCOME THE SOCIAL INEQUITIES THAT PREVENT PEOPLE FROM REACHING THEIR FULL POTENTIAL. THROUGH GRASSROOTS ACTIVITIES, COALITIONS AND OUTREACH, OUR WORK HAS TRIGGERED REFORMS THAT IMPROVE THE LIVES OF ALL AMERICANS AND THE COMMUNITIES IN WHICH THEY LIVE.

4c (Code:) (Expenses \$ 790,165. including grants of \$) (Revenue \$ 100,795.)
EDUCATION: MHA EDUCATES THE PUBLIC ABOUT THE IMPORTANCE OF MENTAL HEALTH, THE SYMPTOMS AND TREATMENT OF DISORDERS, AND THE PATHS TO RECOVERY FOR FULL, PRODUCTIVE LIVES. THROUGH OUR MEDIA OUTREACH, RESOURCE CENTER, PARTNERSHIPS AND PUBLIC OUTREACH PROGRAMS - INCLUDING OUR FLAGSHIP CAMPAIGN FOR AMERICA'S MENTAL HEALTH - WE HAVE HELPED REDUCE STIGMA AND ENABLED MILLIONS OF PEOPLE OF ALL AGES AND BACKGROUNDS TO CONFRONT THEIR MENTAL HEALTH PROBLEMS, GET SCREENED AND GET HELP.

Other program services. (Describe in Schedule O.)
(Expenses \$ 174,921. including grants of \$) (Revenue \$)

4e Total program service expenses 3,190,386.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form body containing questions 1 through 14b with corresponding Yes/No columns and data entry fields.

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

Check if Schedule O contains a response to any question 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 28		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, IN, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
JULIE BURKE, VP OF FINANCE - (703) 684-7722
2000 N. BEAUREGARD ST., 6TH FLOOR, ALEXANDRIA, VA 22311

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PENDER MCELROY, J.D. CHAIR	5.00	X		X				0.	0.	0.
ANN BOUGHTIN CHAIR-ELECT	3.00	X		X				0.	0.	0.
JANE ROHNER SECRETARY/TREASURER	3.00	X		X				0.	0.	0.
JOHN MORRIS, M.S.W. IMMEDIATE PAST CHAIR	3.00	X		X				0.	0.	0.
JOSEPH DE RAISMES, III, J.D. VICE CHAIR	3.00	X		X				0.	0.	0.
FAYE GARY, ED.D. VICE CHAIR	3.00	X		X				0.	0.	0.
GREGG GRAHAM VICE CHAIR	3.00	X		X				0.	0.	0.
MONTY MOELLER VICE CHAIR	3.00	X		X				0.	0.	0.
RICHARD VAN HORN VICE CHAIR	3.00	X		X				0.	0.	0.
JACK AKESTER, PH.D. DIRECTOR	1.00	X						0.	0.	0.
ERIC ASHTON DIRECTOR	1.00	X						0.	0.	0.
WILLIAM BEARDSLEE, M.D. DIRECTOR	1.00	X						0.	0.	0.
CHARLOTTE BROWN DIRECTOR	1.00	X						0.	0.	0.
JACKI BROWNSTEIN DIRECTOR	1.00	X						0.	0.	0.
ELAINE CRIDER DIRECTOR	1.00	X						0.	0.	0.
MART "BOB" HENDRICKSON, PH.D. DIRECTOR	1.00	X						0.	0.	0.
JOEL HORNBERGER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANISHA IMHOFF-KERR DIRECTOR	1.00	X						0.	0.	0.
BRENDA LEE DIRECTOR	1.00	X						0.	0.	0.
SHERRI LUTHE DIRECTOR	1.00	X						0.	0.	0.
JACKI MCKINNEY, MSW DIRECTOR	1.00	X						0.	0.	0.
ROBERT POPE DIRECTOR	1.00	X						0.	0.	0.
CLINT RAYNER DIRECTOR	1.00	X						0.	0.	0.
ROOMANA SHEIKH, M.D. DIRECTOR	1.00	X						0.	0.	0.
GAIL STUART, PH.D., APRN, FAAN DIRECTOR	1.00	X						0.	0.	0.
MOLLY VAN ORT DIRECTOR	1.00	X						0.	0.	0.
Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								762,542.	0.	38,729.
d Total (add lines 1b and 1c)								762,542.	0.	38,729.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 62,369.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 535,137.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,505,048.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		2,102,554.			
	Program Service Revenue	2 a	AFFILATE DUES	Business Code 900099	336,092.	336,092.	
b		CONFERENCE REGISTRATIO	900099	67,980.	67,980.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		404,072.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		89,124.		89,124.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		40,303.		40,303.	
	6 a	Gross Rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)			56,176.		56,176.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)			130,431.		130,431.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	63,136.				
	Less: cost of goods sold	b	30,321.				
	Net income or (loss) from sales of inventory			32,815.	32,815.		
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		2,855,475.	436,887.	0.	316,034.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	336,648.	336,648.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	428,762.	343,009.	47,164.	38,589.
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	1,535,539.	1,151,654.	199,620.	184,265.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,716.	20,787.	3,603.	3,326.
9 Other employee benefits	201,252.	128,150.	35,716.	37,386.
10 Payroll taxes	115,047.	86,285.	14,956.	13,806.
11 Fees for services (non-employees):				
a Management	37,326.	25,106.	8,600.	3,620.
b Legal	6,336.	5,386.	570.	380.
c Accounting	30,163.	25,639.	2,715.	1,809.
d Lobbying	58,675.	45,139.	7,422.	6,114.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	24,575.	16,711.	5,407.	2,457.
g Other	139,817.	117,172.	12,935.	9,710.
12 Advertising and promotion	6,764.	4,918.	1,168.	678.
13 Office expenses	48,699.	38,634.	6,180.	3,885.
14 Information technology	6,868.	6,037.	456.	375.
15 Royalties				
16 Occupancy	437,643.	293,543.	100,406.	43,694.
17 Travel	186,205.	166,057.	9,704.	10,444.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	190,061.	181,057.	3,436.	5,568.
20 Interest	4,195.	3,314.	503.	378.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	130,621.	87,516.	30,043.	13,062.
23 Insurance	18,447.	12,544.	4,058.	1,845.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PRINTING & DESIGN	96,859.	66,228.	21,092.	9,539.
b COMMUNICATIONS	60,884.	44,263.	10,515.	6,106.
c DIRECT MAIL	16,032.	14,910.		1,122.
d BAD DEBT EXPENSE	10,982.		10,982.	
e COGS ON LINE 10B	-30,321.	-30,321.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,125,795.	3,190,386.	537,251.	398,158.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	470,009.	1	145.
	2	Savings and temporary cash investments	503,761.	2	463,308.
	3	Pledges and grants receivable, net	1,678,584.	3	240,000.
	4	Accounts receivable, net	48,263.	4	755,601.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	108,879.	8	78,558.
	9	Prepaid expenses and deferred charges	67,163.	9	35,675.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,369,334.		
	b	Less: accumulated depreciation	10b 1,000,332.	10c	369,002.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	3,488,667.	12	3,482,806.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,600.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,862,844.	16	5,425,095.	
Liabilities	17	Accounts payable and accrued expenses	236,455.	17	205,587.
	18	Grants payable		18	
	19	Deferred revenue	25,000.	19	82,556.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	543,097.	25	463,229.
	26	Total liabilities. Add lines 17 through 25	804,552.	26	751,372.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,820,627.	27	2,725,602.
	28	Temporarily restricted net assets	2,948,694.	28	1,659,150.
	29	Permanently restricted net assets	288,971.	29	288,971.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	6,058,292.	33	4,673,723.	
34	Total liabilities and net assets/fund balances	6,862,844.	34	5,425,095.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	2,855,475.
2	Total expenses (must equal Part IX, column (A), line 25)	4,125,795.
3	Revenue less expenses. Subtract line 2 from line 1	-1,270,320.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	6,058,292.
5	Other changes in net assets or fund balances (explain in Schedule O)	-114,249.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	4,673,723.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII X

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
- b Were the organization's financial statements audited by an independent accountant? _____
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. _____

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

Form 990 (2010)

Public Charity Status and Public Support

2010

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Revenue Service

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section* (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7243519.	8174548.	6898224.	3048776.	2102554.	27467621.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7243519.	8174548.	6898224.	3048776.	2102554.	27467621.
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)						13018390.
6 Public support. Subtract line 5 from line 4.						14449231.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7243519.	8174548.	6898224.	3048776.	2102554.	27467621.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	200,653.	320,698.	253,101.	148,988.	185,603.	1109043.
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 IV.)						
11 Total support. Add lines 7 through 10						28576664.
12 Gross receipts from related activities, etc. (see instructions)					12	2,913,047.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	50.56 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	50.46 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2010

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ASTRAZENECA	1,956,000.	1,384,467.
BRISTOL-MYERS SQUIBB COMPANY	3,984,065.	3,412,532.
ELI LILLY AND COMPANY	3,461,000.	2,889,467.
FOREST PHARMACEUTICALS, INC.	695,000.	123,467.
JANSSEN	1,560,000.	988,467.
PFIZER	2,611,375.	2,039,842.
THE JOHN D. & CATHERINE T. MACARTHUR FOUNDATION	600,000.	28,467.
WYETH	2,723,214.	2,151,681.
Total Excess Contributions to Schedule A, Part II, Line 5		13,018,390.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number

13-1614906

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

MENTAL HEALTH AMERICA, INC.

13-1614906

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRISTOL-MYERS SQUIBB COMPANY PO BOX 4000 PRINCETON, NJ 08543	\$ 390,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	POLICY RESEARCH INC 345 DELAWARE AVE DELMAR, NY 12054	\$ 123,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SAMHSA 1 CHOKE CHERRY RD ROCKVILLE, MD 20857	\$ 535,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BRISTOL-MYERS SQUIBB COMPANY FOUNDATION 345 PARK AVENUE NEW YORK, NY 10154	\$ 316,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JANSSEN 1125 TRENTON-HARBOURTON RD TITUSVILLE, NJ 08560	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ANONYMOUS VIA ROCKEFELLER PHILANTHROPY ADVISORS 6300 WILSHIRE BLVD, SUITE 820 LOS ANGELES, CA 90048	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MENTAL HEALTH AMERICA, INC.

13-1614906

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PFIZER 235 EAST 42ND STREET NEW YORK, NY 10017	\$ 397,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ASTRAZENECA 1800 CONCORD PIKE, PO BOX 15437 WILMINGTON, DE 19850	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SUNOVION PHARMACEUTICALS INC. 84 WATERFORD DR MARLBOROUGH, MA 01752	\$ 83,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ELI LILLY AND COMPANY LILLY CORPORATE CENTER INDIANAPOLIS, IN 46285	\$ 86,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	NOVARTIS PHARMACEUTICALS CORPORATION 1 HEALTH PLZ, BLDG 701 EAST HANOVER, NJ 07936	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	LAURETTA MASON BEQUEST 2000 N BEAUREGARD ST, 6TH FLOOR ALEXANDRIA, VA 22312	\$ 47,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<u>FOREST PHARMACEUTICALS, INC.</u> <u>13600 SHORELINE DR</u> <u>EARTH CITY, MI 63045</u>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<u>SETTLAGE FAMILY TRUST</u> <u>C/O CITIZENS BUSINESS BANK PO BOX 2549</u> <u>RANCHO CUCAMONGA, CA 91729</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<u>NASMHPD</u> <u>68 CANAL CENTER PLAZA, SUITE 302</u> <u>ALEXANDRIA, VA 22314</u>	\$ <u>132,809.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<u>CHAMBERLAIN COMMUNICATIONS GROUP, INC</u> <u>500 OLDE WORTHINGTON ROAD</u> <u>WESTERVILLE, OH 43082</u>	\$ <u>46,067.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MENTAL HEALTH AMERICA, INC.

13-1614906

Part II Noncash Property (see instructions)

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

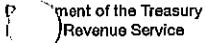
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Political Campaign and Lobbying Activities

2010

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection



▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- Check If the filing organization belongs to an affiliated group.
 Check If the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	56,875.													
c	Total lobbying expenditures (add lines 1a and 1b)	56,875.													
d	Other exempt purpose expenditures	4,287,774.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	4,344,649.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	367,232.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	91,808.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	506,389.	493,996.	440,391.	367,232.	1,808,008.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,712,012.
c Total lobbying expenditures	94,427.	104,421.	59,240.	56,875.	314,963.
d Grassroots nontaxable amount	126,597.	123,499.	110,098.	91,808.	452,002.
e Grassroots ceiling amount (150% of line 2d, column (e))					678,003.
f Grassroots lobbying expenditures					

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

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

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
Did the organization agree to carryover lobbying and political expenditures from the prior year?		

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number
13-1614906

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	288,971.	288,971.	288,971.		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	288,971.	288,971.	288,971.		

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment 100.00 %
- c** Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		303,759.	141,754.	162,005.
d Equipment		258,483.	111,726.	146,757.
e Other		807,092.	746,852.	60,240.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				369,002.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY MUTUAL FUNDS	2,419,537.	END-OF-YEAR MARKET VALUE
(B) MONEY MARKET FUNDS	870,393.	END-OF-YEAR MARKET VALUE
(C) GOVERNMENT SECURITIES	139,240.	END-OF-YEAR MARKET VALUE
(D) CORPORATE BONDS	53,636.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	3,482,806.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	13,205.
(3) CAPITAL LEASE OBLIGATIONS	155,306.
(4) DEFERRED RENT AND LEASE INCENTIVES	294,718.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	463,229.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,855,475.
	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,125,795.
	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,270,320.
4	Net unrealized gains (losses) on investments	4	48,434.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-162,683.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-114,249.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,384,569.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,122,763.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	48,434.
b	Donated services and use of facilities	2b	188,533.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	30,321.
e	Add lines 2a through 2d	2e	267,288.
3	Subtract line 2e from line 1	3	2,855,475.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,855,475.

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

1	Total expenses and losses per audited financial statements	1	4,344,649.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	188,533.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	30,321.
e	Add lines 2a through 2d	2e	218,854.
3	Subtract line 2e from line 1	3	4,125,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,125,795.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE PORTION OF PERPETUAL ENDOWMENT FUNDS THAT IS

REQUIRED TO BE RETAINED PERMANENTLY EITHER BY EXPLICIT DONOR STIPULATION

OR BY UPMIFA.

PART X, LINE 2: MHA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN

ACTIVITIES NOT DIRECTLY RELATED TO MHA TAX-EXEMPT PURPOSE IS SUBJECT TO

TAXATION AS UNRELATED BUSINESS INCOME. MHA HAD NO UNRELATED BUSINESS

Part XIV Supplemental Information (continued)

INCOME FOR THE YEAR ENDED DECEMBER 31, 2010; THEREFORE, NO PROVISION HAS BEEN MADE IN THESE FINANCIAL STATEMENTS.

ON JANUARY 1, 2009, MHA ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC TOPIC 740-10), WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, MHA MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED MHA'S TAX POSITIONS AND CONCLUDED THAT MHA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, MHA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	30,321.
--	---------

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	30,321.
--	---------

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

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

Name of the organization

MENTAL HEALTH AMERICA, INC.
General Information on Grants and Assistance

Employer identification number
13-1614906

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MHA IN NORTH DAKOTA 523 N. 4TH ST BISMARCK, ND 58501	45-0276836	501(C) (3)	106,000.	0.			ELIMINATING BEHAVIORAL HEALTH DISPARITIES
MHA OF NEW MEXICO 128 BRIDGE ST LAS VEGAS, NM 87701	26-0032615	501(C) (3)	37,000.	0.			ELIMINATING BEHAVIORAL HEALTH DISPARITIES & NATIONAL CONSUMER SUPPORTER TECHNICAL
MHA OF MONTANA 2728 EVERGREEN DRIVE GREAT FALLS, MT 59404	81-0289661	501(C) (3)	28,361.	0.			NATIONAL CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTER
DBSA OF SOUTHERN NEVADA 3941 COOPERHEAD HILLS ST LAS VEGAS, NV 81929	90-0185109	501(C) (3)	28,177.	0.			NATIONAL CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTER
CAPITAL CLUBHOUSE 618 7TH AVE., SE OLYMPIA, WA 98501	91-1465297	501(C) (3)	20,000.	0.			NATIONAL CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTER
MHA IN NEW JERSEY 88 POMPTON AVE., SUITE 1 VERONA, NJ 70440	22-1549749	501(C) (3)	10,000.	0.			REGIONAL POLICY COUNCIL

2 Enter total number of section 501(c)(3) and government organizations **17.**

3 Enter total number of other organizations **0.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

MENTAL HEALTH AMERICA, INC.

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MHA IN TEXAS 1210 SAN ANTONIO ST., SUITE 200 AUSTIN TX 78701	74-1383285	501(C) (3)	10,000.	0.			REGIONAL POLICY COUNCIL
MHA OF CALIFORNIA 1127 11TH ST., SUITE 925 SACRAMENTO, CA 95814	94-1393424	501(C) (3)	10,750.	0.			REGIONAL POLICY COUNCIL & BRANDING
MHA OF COLORADO 1385 S. COLORADO BLVD, SUITE 6 DENVER, CO 80222	84-0446365	501(C) (3)	10,000.	0.			REGIONAL POLICY COUNCIL
MHA OF GEORGIA 100 EDGEWOOD AVE., SUITE 502 ATLANTA, GA 30303	58-0611310	501(C) (3)	10,000.	0.			REGIONAL POLICY COUNCIL
MHA OF MARYLAND 711 W. 40TH ST., SUITE 460 BALTIMORE, MD 21211	52-0591666	501(C) (3)	10,000.	0.			REGIONAL POLICY COUNCIL
MHA OF THE HEARTLAND 739 MINNESOTA AVE. KANSAS CITY, KS 66101	48-1185409	501(C) (3)	10,000.	0.			REGIONAL POLICY COUNCIL
MHA OF WISCONSIN 734 N. 4TH ST., SUITE 200 MILWAUKEE, WI 53203	39-0827843	501(C) (3)	10,000.	0.			REGIONAL POLICY COUNCIL
HEALING CIRCLE DROP IN CENTER PO BOX 3850 SHIPROCK, NM 97420	80-0614966	501(C) (3)	10,300.	0.			REGIONAL POLICY COUNCIL NATIONAL CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTER & ELIMINATING BEHAVIORAL
TENEMOS VOZ NEW MEXICO PO BOX 1845 SANTA CRUZ, NM 87567 LHA	27-0805540	501(C) (3)	7,000.	0.			NATIONAL CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNUCOPIA, INC. 1917 WINNEBAGO ST. MADISON, WI 53704	39-1865263	501(C) (3)	5,000.	0.			NATIONAL CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTER
OHIO CENTER FOR ADVOCACY PO BOX 36 TALLMADGE, OH 44278	30-0494814	501(C) (3)	5,000.	0.			NATIONAL CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: NARRATIVE INTERIM AND FINAL REPORTS ARE REQUESTED FOR EACH GRANT ALONG WITH A BUDGET VERSUS ACTUAL STATEMENT TO SHOW THE USE OF THE FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MHA OF NEW MEXICO

(H) PURPOSE OF GRANT OR ASSISTANCE: ELIMINATING BEHAVIORAL HEALTH

DISPARITIES & NATIONAL CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HEALING CIRCLE DROP IN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: NATIONAL CONSUMER SUPPORTER

TECHNICAL ASSISTANCE CENTER & ELIMINATING BEHAVIORAL HEALTH DISPARITIES

Multiple horizontal lines for supplemental information, mostly blank.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

2010

Open to Public Inspection

Department of the Treasury
Revenue Service

Name of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number

13-1614906

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

Receive a severance payment or change-of-control payment from the organization or a related organization?

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID SHERN	(i) 214,025. (ii) 0. (iii) 145,000.	0. 0. 0.	0. 0. 0.	1,725. 0. 0.	6,210. 0. 6,210.	221,960. 0. 151,210.	0. 0. 0.
2 MICHAEL TURNER	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
3	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
4	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
5	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
6	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
7	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
8	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
9	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
10	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
11	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
12	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
13	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
14	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
15	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
16	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number
13-1614906

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

RESEARCH

EXPENSES \$ 174,921. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS HAVE CHANGED TO INCREASE
THE SIZE OF THE BOARD TO 18 - 24 MEMBERS.**

**FORM 990, PART VI, SECTION A, LINE 6: THE DIRECTORS OF THE CORPORATION
ELECTED UNDER ARTICLE IV OF THE BYLAWS AND THE PRESIDING OFFICERS (CHAIRS,
PRESIDENTS, OR EQUIVALENT) OF GOVERNING BOARDS (BOARDS OF DIRECTORS OR
EQUIVALENT) OF LOCAL AND STATE AFFILIATES OF THE CORPORATION, OR THEIR
SIGNEES, SHALL CONSTITUTE THE MEMBERSHIP OF THE CORPORATION.**

**FORM 990, PART VI, SECTION A, LINE 7A: FOR THE MANAGEMENT OF THE BUSINESS
AND FOR THE CONDUCT OF THE AFFAIRS OF THE CORPORATION, AND IN FURTHER
DEFINITION, LIMITATION AND REGULATION OF THE POWERS OF THE CORPORATION AND
OF ITS DIRECTORS AND MEMBERS, IT IS FURTHER PROVIDED THAT, NOTWITHSTANDING
ANYTHING IN THE CORPORATION'S BYLAWS TO THE CONTRARY, THE MEMBERSHIP SHALL
HAVE FINAL AUTHORITY ON ALL MATTERS GOVERNING AMENDMENTS TO THE CERTIFICATE
OF INCORPORATION, SIZE OF THE BOARD OF DIRECTORS, ELECTION OF THE BOARD OF
DIRECTORS, ELECTION OF THE NOMINATING AND BOARD DEVELOPMENT COMMITTEE,
ACTION RECOMMENDATIONS FROM THE BOARD OF DIRECTORS ON AMENDING THE
STANDARDS OF AFFILIATION AND OTHER MISCELLANEOUS MATTERS.**

**FORM 990, PART VI, SECTION B, LINE 11: THE ACCOUNTING DEPARTMENT REVIEWS
THE DRAFT 990 FOR ACCURACY. THE FORM IS THEN FORWARDED TO THE**

Name of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number

13-1614906

SECRETARY/TREASURER OF THE BOARD FOR HIS REVIEW. ONCE COMMENTS ARE RECEIVED FROM THE SECRETARY/TREASURER, A DRAFT IS FORWARDED TO THE FULL BOARD OF DIRECTORS. FINAL COMMENTS ARE THEN FORWARDED TO THE OUTSIDE ACCOUNTING FIRMS AND FILE THE FORM WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD AND COMMITTEE MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY IN SEPTEMBER WHEN THE BOARD YEAR BEGINS; THE STATEMENTS ARE REVIEWED BY THE SECRETARY/TREASURER. ANY CONFLICTS OF INTEREST ARE BROUGHT BY THE SECRETARY/TREASURER ARE BROUGHT TO THE PERSONNEL COMMITTEE. THE MEMBER IS ASKED TO EXCUSE HIM/HERSELF IN COMMENTING OR VOTING ON ISSUES THAT EVEN MIGHT BE OF CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: MHA HAS USED COMPENSATION STUDIES TO MONITOR THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES. THE COMPENSATION STUDIES INCLUDE SIMILAR POSITIONS WITHIN THE WASHINGTON, DC METRO AREA, WITHIN THE HEALTH CARE FIELD AND WITHIN THE NON-PROFIT INDUSTRY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: MHA DOES MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. OUR WEBSITE, WWW.MENTALHEALTHAMERICA.NET IS THE MAIN SOURCE OF COMMUNICATION. IF SOMEONE CALLS AND REQUESTS THIS INFORMATION, IT IS SENT OUT IMMEDIATELY.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

Name of the organization

MENTAL HEALTH AMERICA, INC.

Employer identification number

13-1614906

UNREALIZED GAINS ON INVESTMENTS:	48,434.
PRIOR PERIOD ADJUSTMENTS:	-162,683.
TOTAL TO FORM 990, PART XI, LINE 5	-114,249.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND
 SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL
 STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	OFFICE FURNITURE & EQUIPMENT	VARIOUS	200DE	7.00		H117	807,092.				807,092.	705,847.		41,005.	746,852.
	* 990 PAGE 10 TOTAL														
	FURNITURE & FIXTURES						807,092.				807,092.	705,847.		41,005.	746,852.
	MACHINERY & EQUIPMENT														
	EQUIPMENT UNDER CAPITAL														
3	LEASE	VARIOUS	200DE	5.00		H117	258,483.				258,483.	52,486.		59,240.	111,726.
	* 990 PAGE 10 TOTAL														
	MACHINERY & EQUIPMENT						258,483.				258,483.	52,486.		59,240.	111,726.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	150DE	15.00		H117	303,759.				303,759.	111,378.		30,376.	141,754.
	* 990 PAGE 10 TOTAL OTHER														
	* GRAND TOTAL 990 PAGE 10 DEPR						1,369,334.				1,369,334.	869,711.		130,621.	1,000,332.

2010 DEPRECIATION AND AMORTIZATION REPORT - CURRENT YEAR FEDERAL - MENTAL HEALTH AMERICA, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE & FIXTURES OFFICE FURNITURE & EQUIPMENT * 990 PAGE 10 TOTAL	VARIES	200DB	7.00	17	807,092.			807,092.	705,847.		41,005.
	FURNITURE & FIXTURES MACHINERY & EQUIPMENT					807,092.			807,092.	705,847.		41,005.
3	EQUIPMENT UNDER CAPITAL LEASE * 990 PAGE 10 TOTAL	VARIES	200DB	5.00	17	258,483.			258,483.	52,486.		59,240.
	MACHINERY & EQUIP					258,483.			258,483.	52,486.		59,240.
2	OTHER LEASEHOLD IMPROVEMENTS * 990 PAGE 10 TOTAL	VARIES	150DB	15.00	17	303,759.			303,759.	111,378.		30,376.
	OTHER					303,759.			303,759.	111,378.		30,376.
	* GRAND TOTAL 990 PAGE 10 DEPR					1369334.			1369334.	869,711.		130,621.

028102 05-01-10 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20__

2010

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

Department of the Treasury
Revenue Service

Name of exempt organization

Employer identification number

MENTAL HEALTH AMERICA, INC.

13-1614906

Name and title of officer

**JULIE N BURKE
VP, FINANCE & HR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2855475
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

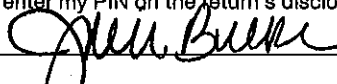
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-800-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **RSM MCGLADREY, INC.** to enter my PIN **22311**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.


Officer's signature ▶  Date ▶ **5/11/11**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54350122018
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ **4/30/11**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**