Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

AF	or the 2	023 calenda	year, or tax year beginning	2023, and ending		, 20		
B (Check if a	applicable:	CName of organization	I	D Employer ide	entification number		
	Address	change	Step Up For Mental Health		80-0834	004		
	Name ch	_ Tele				umber		
	Initial ret Final reti	turn/terminated						
\Box	Amende		City or town, state or province, country, and ZIP or foreign postal code	1	F Group Exem	nption		
	Applicati	ion pending	Chicago, IL 60647		Number			
GA	ccountir	ng Method:	Cash Cash Other (specify):	H Ch	eck if the	e organization is not		
1 1	Nebsite	e:		re	equired to atta	ch Schedule B		
JTa	x-exemp	ot status (check	only one) - 7501(c)(3) 501(c) () (insert no.) 4947(a)	(1) or 527 (F	Form 990).			
K F	orm of o	organization:	Corporation Trust Association Oth	ier:		_		
LAc	ld lines	5b, 6c, and 7	to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if total ass	ets	_		
(Pa	rt II, col	umn (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ · · · · · ·		• • • • \$	50,916		
	art I		e, Expenses, and Changes in Net Assets or Fund Ba			for Part I)		
			the organization used Schedule O to respond to any question	•		•		
	1		s, gifts, grants, and similar amounts received · · · · · · · · · · ·			50,536		
	2	Program ser	vice revenue including government fees and contracts · · · · · · ·		2	30,330		
	3	Membership	dues and assessments · · · · · · · · · · · · · · · · · · ·		$\cdot \cdot \begin{vmatrix} \frac{3}{4} \end{vmatrix}$			
	4	Investment i	ncome · · · · · · · · · · · · · · · · · · ·					
	5		nt from sale of assets other than inventory • • • • • • • • • • • • • • • • • • •	5a				
	ab		other basis and sales expenses · · · · · · · · · · · · · · · · · ·	5				
	С		s) from sale of assets other than inventory (subtract line 5b from line 5		· · 5c			
	6	Gaming and fundraising events:						
	а	_	e from gaming (attach Schedule G if greater than					
Ð	_			. 6a				
ď	b		_	contributions				
Revenue			sing events reported on line 1) (attach Schedule G if the					
Œ			gross income and contributions exceeds \$15,000) · · · · · ·	6b				
	С		expenses from gaming and fundraising events · · · · · · · ·	6c				
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and					
					· · 6d			
	7a		of inventory, less returns and allowances	7a	-			
	b		goods sold	7b				
	c		or (loss) from sales of inventory (subtract line 7b from line 7a) · · · ·		· · 7c			
	8		ue (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			380		
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · · · ·		9	50,916		
	10		similar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·					
	11		to or for members · · · · · · · · · · · · · · · · · · ·					
	12		er compensation, and employee benefits • • • • • • • • • • • • • • • • • • •			30,866		
es	13	Professional	fees and other payments to independent contractors · · · · · · ·		13	3,843		
sus	14		rent, utilities, and maintenance · · · · · · · · · · · · · · · · · · ·			<u> </u>		
Expenses	15	Printing, pub	lications, postage, and shipping · · · · · · · · · · · · · · · · · · ·		15	1,058		
ш	16		ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			22,807		
	17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·			58,574		
	18		eficit) for the year (subtract line 17 from line 9)			(7,658)		
S.	19		r fund balances at beginning of year (from line 27, column (A)) (must		10			
se			figure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·	-	1	43,316		
Net Assets	20	Other chang	es in net assets or fund balances (explain in Schedule O) · · · · ·		9			
Ne.	21	Net assets of	r fund balances at end of year. Combine lines 18 through 20 · · · ·		2	35,658		
			on Act Notice see the separate instructions		0	Form 990-FZ (2023)		

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Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (B)End of year (A)Beginning of year 2 43,316 35,600 0 2 2 0 Other assets (describe in Schedule O) 2 2 0 58 Total assets 3 3 43,316 35,658 0 2 0 35,658 Net assets or fund balances (line 27 of column (B) must agree with line 21). 43,316 4 **₽**art III Statement of Program Service Accomplishments (see the instructions for Part III) 2 **Expenses** Check if the organization used Schedule O to respond to any question in this Part III 5 5 Required for section V2hat is the organization's primary exempt purpose? Help family find mental health services 501(c)(3) and 501(c)(4) **6**rganizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, 2thers.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Step Up Small Grants Program - Talk Therapy, poverty related issues & food support (Grants \$) If this amount includes foreign grants, check here · · · · · · · · · · · 1,311 28a Step Up For Kids - Selfcare journals/art kits, school supplies, books, clothes, educational youth mental health infographic handouts, reading to children, community (Grants \$) If this amount includes foreign grants, check here 7,756 Bi+ Project Program - Peer support, helpline, poverty related support & food support 0) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O)) If this amount includes foreign grants, check here $\,\cdot\,\cdot\,\cdot\,$ 31a 9.067 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated-see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d)Health benefits, (b) Average (e)Estimated amount of compensation contributions to employee (a)Name and title hours per week other compensation (Forms W-2/1099-MISC/ benefit plans, and devoted to position 1099-NFC) deferred compensation (if not paid, enter -0-) Adrienne McCue President & Executive Director 40.00 0 0 0 Lvnne Jordan Director 2.00 0 0 0 Ivania Delgado, Psy.D., MSW Director 0 0 1.00

Other Information(Note the Schedule A and personal benefit contract statement requirements in the

Part V

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Nο 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 X 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions x 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a x 35 If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O · · b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, b 35c X 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets x 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. x 37b b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were x any such loans made in a prior year and still outstanding at the end of the tax year covered by this 38a return? If "Yes," complete Schedule L, Part II, and enter the total amount involved....... Section 38b h 39 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9...... Gross receipts, included on line 9, for public use of club facilities..... Section 39a а 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39b 40a ; section 4912: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 b excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year 40b x that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I · · · Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X 40e 41 List the states with which a copy of this return is filed: 773-273-9422 Adrienne McCue 42a The organization's books are in care of: Telephone no. Located at: Chicago, 7IP + 4At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • 42b X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country: 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a X Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be b X completed instead of Form 990-EZ 44 Did the organization receive any payments for indoor tanning services during the year? • • • • • • b C If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44c 44 d X 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the 45a meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions X 45b Form 990-EZ (2023)

							Yes	No	
46 Di	id the organization engage, directly or indirec	tly, in political campaign	activities on behalf of o	r in oppositio	n				
to	candidates for public office? If "Yes," comple					• • 46	;	X	
Part VI	1 1 1								
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines								
	50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI								
	Check if the organization used So	chequie O to respon	a to any question i	n this Part	VI	••			
							Yes	No	
	id the organization engage in lobbying activiti		• •	•					
,	sair ii roo, compicto concado c, rair ii	• • • • • • • • • • • •					'	X	
48 Is	the organization a school as described in se	ction 170(b)(1)(A)(ii)? If "	Yes," complete Schedu	ıle E · · · ·		• • • 48	3	X	
	id the organization make any transfers to an		-				а	X	
b If "Yes," was the related organization a section 527 organization?••••••••••••••••••••••••••••••••••••									
	omplete this table for the organization's five h	-	•			-			
er	mployees) who each received more than \$10	0,000 of compensation fr	om the organization. If	there is none	, enter "None	e."			
	(a)Name and title of each employee hours per week (Forms W-2/1099-MISC/ benefit plans, and deferred				. ,	Estimated amour other compensa			
		devoted to position	1099-NEC)	compe	ensation				
				1					
NONE									
		00.000							
	otal number of other employees paid over \$1			.hh					
	omplete this table for the organization's five had no compensation from the organization	-		no each rece	eivea more un	an			
Φ.	100,000 of compensation from the organization	on. If there is none, enter	None.		I				
	(a)Name and business address of each independent	contractor	(b)Type of service	e	(c) Compensat	ion		
NONE									
d To	otal number of other independent contractors	each receiving over \$10	0,000	•					
52 Di	id the organization complete Schedule A? No	ote: All section 501(c)(3)	organizations must atta	ıch a					
cc	ompleted Schedule A · · · · · · · · · · · · · · · · · ·					. X Ye	s 🖂 l	No	
Under pena	alties of perjury, I declare that I have examined this	return, including accompany	ing schedules and stateme	ents, and to the	best of my kno	owledge and	belief, it	is	
true, correc	et, and complete. Declaration of preparer (other than	officer) is based on all infor	mation of which preparer h	nas any knowle	dge.	· ·			
	Adrienne McCue								
Sign	Signature of officer			Da	te				
Here	Adrienne McCue, President	& Executive Dia	rector						
	Type or print name and title								
-		Preparer's signature	Date		Check if	PTIN			
Paid	Lawrence A Litchfield III	Lawrence A Litc	hfield II 02-11		self-employed	P0172	5654		
Prepare	LITECHTICAL VO W	Associates LLC	l	Firm's	EIN				
Use On	ly Firm's address 1 Militia Dr Ste								
	Lexington MA 024			Phone	no. 781 -	863-227	72		
•	RS discuss this return with the preparer show		ns · · · · · · · · · · · · · · · · · · ·		• • • • •	· Ye	S X I	No	
EEA						Form	990-EZ	(2023)	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

80-0834004 Step Up For Mental Health **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 10 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.) 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 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). g (ii) EIN (v) Amount of monetary (i) Name of supported organization (iii) Type of organization (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Amounts from line 4..... 7 Gross income from interest, dividends, 8 payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on...... Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions)..... 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 14 % Public support percentage from 2022 Schedule A, Part II, line 14..... 15 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization..... П 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization gualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support			· ·	•	,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			53,785	41,804	50,915	146,504
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			299	62		361
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			E4 004	11 066	E0 01E	146 065
	Amounts included on lines 1, 2, and 3			54,084	41,866	50,915	146,865
<i>1</i> u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
C	Public support. (Subtract line 7c from						
8							146.065
O4!	line 6.)						146,865
	on B. Total Support	(-) 0040	(I-) 0000	(-) 0004	(-1) 0000	(-) 0000	(f) T-4-1
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Gross income from interest, dividends,			54,084	41,866	50,915	146,865
10a	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 · · · · · · Add lines 10a and 10b						
С							
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on	r					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) · · · · · · · · ·						
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12.)	0		54,084	41,866	50,915	146,865
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	ird, fourth, or fif	th tax year as a	a section 501(c)(3)
	organization, check this box and stop her						
	on C. Computation of Public Suppor	•					
15	Public support percentage for 2023 (line 8		•			15	100.00 %
16	Public support percentage from 2022 Scho		•		• • • • •	16	100.00 %
	on D. Computation of Investment Inc		-				
17	Investment income percentage for 2023 (I			-		17	0.00 %
18	Investment income percentage from 2022					18	0.00 %
19a	33 1/3% support tests - 2023. If the organ	nization did no	ot check the bo	ox on line 14, ar	nd line 15 is mo	ore than 33 1/3	3%, and line
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests - 2022. If the organization	ox and stop h on did not chec	ere. The orgar k a box on line 1	nization qualifie 4 or line 19a, and	s as a publicly I line 16 is more	supported org than 33 1/3%, a	anization X and
20	line 18 is not more than 33 1/3%, check this box Private foundation. If the organization did						
				,,			

10b

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Pan	٧.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	_		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support	ted		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
С	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i>	3с		
4a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.			
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
-	despite being controlled or supervised by or in connection with its supported organizations.			
	Did the organization support any foreign supported organization that does not have an IRS determination	4b		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use			
C	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(
	purposes.	, ,		
	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>	40		
- -	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and E	AC ₩		
5a	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such a		ı;	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the	acti	on	
	was accomplished (such as by amendment to the organizing document).			
	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5a		
b	Substitutions only. Was the substitution the result of an event beyond the organization's control?			
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5b		
С	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	5c		
6	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
7	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	8		
9a	described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>			
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI</i> .	9a		
b	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>			
~	Was the organization subject to the excess business holdings rules of section 4943 because of section	9b		
С	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
U	supporting organizations)? <i>If "Yes," answer line 10b below.</i>	9с		
100	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	30		
10a	determine whether the organization had excess business holdings.)			
	dotomino amonioi die organization nad execco basiliess noidings./	10-		
L		10a		
b				

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			Th. I
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup		1	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	_		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Cooti		2		<u> </u>
Section	on C. Type II Supporting Organizations	1	Voc	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	140
'	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or management	her		
	the supported organization(s).			
Cooti	on D. All Type III Supporting Organizations	1	Щ	
Secu	DI D. All Type III Supporting Organizations		Yes	No
1	Did the executation provide to each of its exposured executations, but he lost day of the fifth month of the		163	140
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	ı		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI</i>			
	how the organization maintained a close and continuous working relationship with the supported organization	zatio	n/e) 2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	Zatio	1(3).2	
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	2		
Cooti	on E. Type III Functionally Integrated Supporting Organizations	3	Щ	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the y	oar (soo ii	netru
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	cai (3	,ce 11	.5ti U(
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in Part VI how you supported a government </i>	netruo	tione)	
2	Activities Test. Answer lines 2a and 2b below.	isii uci		No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes			
	how the organization was responsive to those supported organizations, and how the organization determ		,	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Za		
O	involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i>			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) wo	uld		
	have engaged in these activities but for the organization's involvement.	2b		
•	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3h		
		and the		

3b

Sched	ule A (Form 990) 2023 Step Up For Mental Health		80-083	34004	Page 6
Pari	Type III Non-Functionally Integrated 509(a)(3) Supporting Or Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			l ain in Par ions A throi	t VI). See
Sec	ion A - Adjusted Net Income		(A) Prior Year		rrent Year otional)
1	Net short-term capital gain	1 1			
$\frac{2}{3}$	Net short-term capital gain Becoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3	3			
-4 -5	Add lines 1 through 3. Depreciation and depletion	5			
	of gross income or for management, conservation, or maintenance of				
	Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)				
		6			
{&		8			
				(D) O::	urrant Vaa:
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(e)	rrent Year otional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
<u></u>	Average monthly cash balances Eair market value of other non-exempt-use assets	la C			
	Eair market value of other non-exempt-use assets I otal (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	1d			
	•				
	(explain in detail in Part VI):				
2	Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	23			
4	Acquisition ingestedness, applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Becoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)	Ŭ			
	Multiply line 5 by 0.035. Recoveries of prior-year distributions				
	Minimum Asset Amount (add line 7 to line 6)	456			
<u> </u>					
		8			
	Control Programme Control Prog	1		-	
Sec	ion C - Distributable Amount			Curr	ent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
3	Within a seet, amount for prior year (from Section B, line 8, column A)				
5	Income tax imposed in prior year Distributable Amount Subtract line 5 from line 4, unless subject to	3 5			
	emergency temporary reduction (see instructions).				
		6			
7	\Box Check here if the current year is the organization's first as a non-functional (see instructions).	lly ir	tegrated Type III support	ting organiz	zation

EEA Schedule A (Form 990) 2023

Schedul		Up For Mental Health		80-0		004 Page 7
Part	V Type III Non-Functio	nally Integrated 509(a)(3) Supporting Organ	izations <i>(continue</i>	ed)	
Secti	on D - Distributions					Current Year
3	Amounts paid to supported or	ganizations to accomplish e	xempt purposes	ed	1	
	organizations, in excess of inc Administrative expenses paid	come from activity to accomplish exempt purp	oses of supported organ	izations		
	Amounts paid to acquire exen	npt-use assets orior IRS approval required)	- provide details in Pa	rt VI)	3	
$\frac{2}{5}$	Total annual distributions. A	Add lines 1 through 6. orted organizations to which	the organization is resc	onsive	4 6	
-6	Amounts paid to supported or Amounts baid to perform active organizations, in excess of incadinistrative expenses paid Amounts paid to acquire exemple of the distributions of the distributions of the distributions to attentive support of the distributions of th	See instructions. from Section C, line 6	o. ga <u>_</u> aoo.		7	
_ 8 _	Line 8 amount divided by line	9 amount				
					ρ	
9					8 10	
10						
			(i)	(ii)		(iii)
Secti	on E - Distribution Allocation	s (see instructions)	Excess Distributions	Underdistribution	S	Distributable
	Distributable amount for 2023	from Section C. line 6		Pre-2023		Amount for 2023
2	Distributable amount for 2023 Underdistributions, if any, for (reasonable cause required -	vears prior to 2023 explain in Part VI). See				
	instructions. Excess distributions carryover	r, if any, to 2023				
3	From 2018					
- 6	Erom 2018					
— d	From 2021 From 2022					
- a						
<u> </u>						
	Total of lines 3a through 3e Applied to underdistributions of	of prior years				
	Carryover from 2018 not appli Bemainder Subtract lines 30	ed (see instructions) 3h and 3i from line 3f				
	Total of lines 3a through 3e Applied to underdistributions (Applied to 2023 distributions (Applied to 2023 distributable a Carryover from 2018 not appli Bergainder, Subtract lines 3g, Bistributions for 2023 from Section D, line 7:	on, and or nom mio on				
4		Φ.				
a	Applied to underdistributions of	\$ of prior years Applied to 202	8			
— <u>Б</u>	Applied to underdistributions of distributable amount Remaind from line 4. Remaining underdistributions of the control of the	ler. Subtract lines 4a and 4 distributions for years prior t	<u>Б</u>			
	result greater than zero,	and 4a from line 2. For explain, in Part, VI. Se	e e			
5	Subtract lines 3h and 4b fro	m line 1. For result greate	* \$			
	from line 4. Hemaining under result greater than zero, instructions. Hemaining ur Subtract lines are the subtract lines and 40 from than zero, explain in Part distributions carryover to breakdown of line 2. Excess from 2021 Excess from	2024. Add_lines 3j and 4d from 2019 Excess from 202	ð			
6	LACESS HOTH ZOZ I LACESS HOT	11 2022 120633 110111 2023				
7						
8						
B						
<u>ğ</u> _					_	
					-	

Schedule A (Form 990) 2023 Page 8

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

Schedule B (Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 80-0834004 Step Up For Mental Health Organization type (check one): Filers of: Section: 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Step Up For Mental Health

Employer identification number 80-0834004

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$18,930	Person X				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Department of the Revenue Service

Treasury Internal

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 80-0834004 Step Up For Mental Health 01. Description of other revenue (Part I, line 8) Description Amount Miscellaneous Income 380 02. Description of other expenses (Part I, line 16) Description Amount Office Expenses 1,497 771 Office Supplies 1,851 Tech, Web & Software Dues & Subscriptions 49 3,609 Meals 143 Travel 299 Telephone Auto 384 583 Taxes & Licenses Non Payroll Bank Charges 60 Events 348 Step Up for Kids 28 Small Grants 1,311 PayPal Fees 8 1,440 Bus Pass Household Items 157 664 Hygiene Items Client Services 2,998

140

Self Care Kits

Schedule O (Form 990) 2023 Page **2**

Step Up For Mental Health		Employer identification number 80-0834004
Journals	706	
Art Kits	1,369	
Books	441	
School Supplies	2,168	
Jniforms	1,464	
Educational Events	319	
03. Description of other assets	s (Part II, line 24)	
Category	Beginning of Year	End of Year
Reimbursement Due	0	58
esources and educating the pub	olic	
resources and educating the pub	olic	
resources and educating the pub	olic	
esources and educating the pub	olic	
resources and educating the pub	olic	
resources and educating the pub	plic	
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resources and educating the pub	plic	

EEA Schedule O (Form 990) 2023

Department of the Treasury

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

mstructions.						
	ons required to file an income tax return other than F	orm 990-T (ii	ncluding 1120-C filers), partnership	os, REMICs, and true	sts must use Form	
	est an extension of time to file income tax returns. entification					
T	I Nome of account agent	Class and incident	turistic and	LTowns you identifies	ation number /TINI\	
					ation number (TIN)	
Step up for Mental Health						
Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See PO Box 477852 City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	Chicago IL 60647	a loreign add	dress, see instructions.			
Enter the R	eturn Code for the return that this application is	s for (file a	separate application for each r	eturn)		
					0 1	
Applicati	on Is For	Return	Application Is For		Return	
		Code			Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than indivi	dual)	09	
Form 472	0 (individual)	03	Form 5227		10	
Form 990)-PF	04	Form 6069		11	
	I-T (sec. 401(a) or 408(a) trust)	05	Form 8870		12	
Form 990	I-T (trust other than above)	06	Form 5330 (individual)		13	
	-T (corporation)	07	Form 5330 (other than indivi	dual)	14	
Form 104	-1-A	08				
After you	enter your Return Code, complete either Part I	l or Part III.	Part III, including signature, is	applicable only fo	r an extension of	
time to file I						
 If this app 	lication is for an extension of time to file Form	5330, you r	must enter the following informa	ation.		
Plan N	Name					
	Number					
Plan \	Year Ending (MM/DD/YYYY)					
Part II - A	utomatic Extension of Time To File for	Exempt C	Organizations (see instructi	ons)		
The bool	ks are in the care of Adrienne McC	ue, Chid	cago IL			
Telephone	e No. 773-273-9 422	Fax N	No.			
-	anization does not have an office or place of bu		• • • • • • • • • • • • • • • • • • • •	x		
	or a Group Return, enter the organization's four				. If this is	
			of the group, check this box	\Box	and attach	
a list with th	ne names and TINs of all members the extension	on is for.				
		-				
1 rec	quest an automatic 6-month extension of time ι	until	11-15 , 20 24 , to file th	ne exempt organi	zation return for	
	organization named above. The extension is fo		nization's return for:			

2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final Change in accounting period	returr	ו
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$
or Pri	vacy Act and Paperwork Reduction Act Notice, see instructions.	F	orm 8868 (Rev. 1-2024

, 20 , and ending

Xcalendar year 20 23 or

tax year beginning

, 20

	Federal Supporting Statements	2023 <i>PG01</i>
Name(s) as shown on return		Tax ID Number
Step Up For Menta	l Health	80-0834004

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: Step Up For Mental Health

Address: PO Box 477852, Chicago, IL 60647

EIN: 80-0834004

Statement: Taxpayer is making the de minimis safe harbor election

under \$1.263(a) - 1(f).

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023 Page 1
Name(s) as shown on return Step Up For	Mental Health	FEIN 80-0834004
		A_m_o_u_n_t
_l_n_d_i_v_i_d _C_o_r_p_o_r_a _F_o_u_n_d_a	a_t_eD_o_n_a_t_i_o_n_s_ t_i_o_n	3_, 0_4_6_ 2_, 1_7_7_ 2_8_, 9_4_0 1_6_, 2_7_7_ 9_6_
	t_io_n	2_6,_1_8_6 4,6_8_0_ 30,_866
_ <u> </u> =_e_g_a_l&_ _E_d_u_c_a_t_i	o_t_i_o_n	_n_t 1_,_1_4_8_ 2_,_6_9_5_ 3_,_8_4_3
	t_i_o_nAı	m_o_u_n_t _\$

990	Overflow Statement	2023 Page 2
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)	FEIN FEIN
	Mental Health	80-0834004
_D_e_s_c_r_i	p t i o n	A_m_o_u_n_t
		\$2_8_
		1_4_0_ 7_0_6
		1_,_3_6_9_
		1 , 4 6 4 1 , 4 4 0
	Total:\$	7_,_7_5_6_
	•	