2023 Filing Instructions Schizophrenia & Related Disorders Alliance of Amer Tax year ending 12-31-2023

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return has been e-filed, do not mail.

Due date:

05-15-2024

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

For Paperwork Reduction Act Notice, see the separate instructions
EEA

Sign

Here

Paid

Preparer

Use Only

•	•	•	X Yes	No
			Form 99	0 (2023)

P00121218

PTIN

281-741-7900

X if

. . .

Check

Firm's EIN

Phone no

.

self-employed

s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	180,730				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
per	b	Total fundraising expenses (Part IX, column (D), line 25) 146,013					
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	863,492				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,044,222				
	19	Revenue less expenses. Subtract line 18 from line 12	504,117				
Net Assets or Fund Balances			Beginning of Current Year				
sets alan	20	Total assets (Part X, line 16)	1,247,503				
AS B B B	21	Total liabilities (Part X, line 26)	229,307				
		Net assets or fund balances. Subtract line 21 from line 20	1,018,196				
Part	: 11	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.							
.		Gordon Lavigne					
Sign		Signature of officer	Da	ite			

Date

07-10-2024

e		living with schizophrenia-related brain illnesses and ensure t	they receive	e res	spect, acceptance,							
Governance		appropriate treatment and opportunity to live a meaningful and	l satisfying	y lif	e in a							
ern		compassionate community that is free of discrimination.										
Š	2	Check this box 🔲 if the organization discontinued its operations or disposed of more than 25% of	of its net assets.									
ର ବୁ	3	Number of voting members of the governing body (Part VI, line 1a)		3	14							
es.	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14							
ļţi	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	4							
Activities	6	Total number of volunteers (estimate if necessary)		6	14							
∢	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0							
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0							
			Prior Year		Current Year							
	8	Contributions and grants (Part VIII, line 1h)	1,578,2		1,522,530							
onu	9	Program service revenue (Part VIII, line 2g)			0							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,	061	8,561							
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(35,	017)	15,319							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,548,	339	1,546,410							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0							
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0							
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	180,	730	381,226							
ISe	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0							
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 146,013										
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	863,	492	1,188,946							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,044,	222	1,570,172							
	19	Revenue less expenses. Subtract line 18 from line 12	504,	117	(23,762)							
or			Beginning of Curren	t Year	End of Year							
alan	20	Total assets (Part X, line 16)	1,247,	503	1,138,093							
dBss	21	Total liabilities (Part X, line 26)	229,	307	143,659							
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	1,018,	196	994,434							
Par	t II	Signature Block										

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Schizophrenia & Psychosis Action Al

Gordon Lavigne

______ 4947(a)(1) or

living with schizophrenia-related brain illnesses and ensure they receive respect,

2023, and ending

Room/suite

2008

207

Schizophrenia & Related Disorders Alliance of Amer Employer identification number

L Year of formation:

527

OMB No. 1545-0047

2023

Open to Public

Inspection

20

33-1213657

(240) 423-9432

1

Yes No

MD

.546.410

Yes

acceptance

x

No

E Telephone number

Gross receipts

If "No," attach a list. See instructions

M State of legal domicile:

G

H(a) Is this a group return for subordinates?

H(b) Are all subordinates included?

H(c) Group exemption number

To Promote hope and recovery for indiviuals

Α в

J

Department of the Treasury Internal Revenue Service

Check if applicable:

Final return/terminated

Address change

Amended return

Application pending

Tax-exempt status:

Form of organization:

Summary

Website:

1

Part I

Name change

Initial return

Form	990	
		Und

For the 2023 calendar year, or tax year beginning

F

X 501(c)(3)

Gordon Lavigne, Chief Executive Officer

Houston TX 77079

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's signature

Abiodun Bankole

Bankole Okoye & Associates PC

11511 Katy Freeway Suite 501

Firm's name

Firm's address

Type or print name and title Print/Type preparer's name

Abiodun Bankole

www.sczaction.org

X Corporation

C Name of organization

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

City or town, state or province, country, and ZIP or foreign postal code

Association

) (insert no.)

Other

2308 Mount Vernon Avenue

Alexandria, VA 22301-1328

Briefly describe the organization's mission or most significant activities:

Name and address of principal officer:

Same as C above

501(c) (

Form	n 990 (2023) Schizophrenia & Related Disorders Alliance of Amer	33-1213657	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🔲
1	Briefly describe the organization's mission:		
	To Promote hope and recovery for indiviuals living with schizophrenia-relate	ad brain illne	<u>esses an</u> d
	ensure they receive respect, acceptance, appropriate treatment and opportunit	ity to live a	
	meaningful and satisfying life in a compassionate community that is free of	discriminatio	on.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 549,806 including grants of \$) (Revenue	\$)
	Awareness, Education, and Access: The Organization builds awareness of and e	aducates about	t
	schizophrenia, psychosis and related disorders through extensive website res		
	social media outreach and participation in media interviews, webinars, and pub		
	Organization promotes medical professionals training and career development		
	education partnerships that offer continued education as well as attending a		
	health education conferences. Additionally, The Organization provides admini		
	materials, and oversight for two differentsupport groups: 1. Schizophrenia A		<u> </u>
	self-help/peer support groups, which are run by and for people diagnosed with	th psychiatri	c brain
	disorders that include psychosis. 2. Families for Care which is a peer suppo	ort group for	families
	of those with schizophrenia or schizophrenia-related brain illnesses.		
4b	(Code:) (Expenses \$ 421,309 including grants of \$) (Revenue	\$)
	Policy & System-Level Change: The Organization backs federal, state, and loc	cal policies w	with the
	best chances to save lives, advocate forpatients' rights to life-sustaining	treatments/se	ervices
	and medical professionals' ability to provide suchtreatments without judicia	al oversight.	The
	Organization empowers community members to join movementsagainst discriminat	tion of people	e with
	schizophrenia and psychosis disorders, including meetings with Congressmember	ers and by hos	sting
	capitol hill briefings. The Organization also promotes public awareness of a	inosognosia as	s a
	neurological condition; advancesinitiatives such as petitioning the World He	alth Organiza	<u>ation to</u>
	update its International Classification ofDiseases by accurately classifying	j anosognosia	as a
	highly prevalent neurological condition to make it easier forpatients with a	anosognosia to	0
	receive proper care.		
<u> </u>			<u> </u>
4c	(Code:) (Expenses \$259,283 including grants of \$) (Revenue	•)
	Research: The Organization funds research such as: 1. Seeking new disease bi		
	early disease indicators that could improve diagnosis and treatment. 2. Quar		
	costs of schizophrenia and related disorders, underscoring the country's dev		
	provide appropriate medical care for people living with schizophrenia and the		
	policy changes to promote comprehensive solutions. 3. Surveying caregivers of		
	schizophrenia or schizoaffective disorder to spotlight the disease's negative	re impact on a	finances,
	career, and family lives.		
<u> </u>			
4d	Other program services (Describe on Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,230,398		
EEA		Form	n 990 (2023)

Form	990 (2023) Schizophrenia & Related Disorders Alliance of Amer 33-1213	657	F	Page 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	J		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44.		
لم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		
•	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11e		X X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			<u> </u>
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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	19		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X V
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		x
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\vdash
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes." complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		<u>x</u>
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule	21		x
20				
а	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes." complete Schedule L. Part IV	28c	x	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	•••		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Schizophrenia & Related Disorders Alliance of Amer

33-1213657

Page 4

Form 990 (2023)

	990 (2023) Schizophrenia & Related Disorders Alliance of Amer 33-12136	57	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		v
5a 5		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C Co		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
Ň	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
ы 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	120		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
Ŀ.				
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	4.4-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		L
	If "Yes," complete Form 6069.			

For	n 990 (2023) Schizophrenia & Related Disorders Alliance of Amer 33-12136	57	P	age 6	
Pa	Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a	nd fo	ra "N	0"	
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru					
	Check if Schedule O contains a response or note to any line in this Part VI			х	
Se	ction 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 14				
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14	-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•			
3	any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		x	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-			
	one or more members of the governing body?	7a		x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?	8a	x		
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	8b	x		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		No		
10-		100	Yes	No	
10a ⊾	Did the organization have local chapters, branches, or affiliates?	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	100 11a	x		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done	12c	x		
13	Did the organization have a written whistleblower policy?	13	х		
14	Did the organization have a written document retention and destruction policy?	14	x		
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	15a	x		
b	Other officers or key employees of the organization	15b		x	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		v	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		X	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure		•		
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
••	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	Marissa & Shennerg (7401473-9437 7308 Mount Vernon Avenue Alevendrie 178 22301-13	/ X			

Form 990 (202	23) Schizophrenia & Related Disorders Alliance of Amer	33-1213657	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated Employed	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	oyees	
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with or within th	ie	
organization's	tax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amo	unt of	
compensation	. Enter -0- in columns (D), (E), and (F) if no compensation was paid.		
 List all of 	the organization's current key employees, if any. See the instructions for definition of "key employee."		
 List the o 	rganization's five current highest compensated employees (other than an officer, director, trustee, or key emplo	yee)	
who received	reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of	more than	
\$100,000 from	n the organization and any related organizations.		
 List all of 	the organization's former officers, key employees, and highest compensated employees who received more th	an	
\$100,000 of re	eportable compensation from the organization and any related organizations.		

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

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

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

	Teu organizati		nper			iny curi	ient			
					(C)					
(A)	(B)	(de r	not ch		sition	an one		(D)	(E)	(F)
Name and title	Average hours per week	box,	unles	s per	son is	both ar /trustee)		Reportable compensation from the organization (W-2/	Reportable compensation from related	Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	(D) (E) (F) portable pensation on the zation (W-2/ 9-MSC/ 9-NEC) Reportable compensation from related organizations (W-2/ 1099-NEC) Estimated amount of other compensation from the organizations 46,000 0 0 0	
(1)Gordon Lavigne	40.00									
Chief Executive Officer				х		х		146,000	0	0
(2)Marissa E_Shepherd	40.00									
Director of Operations						х		106,168	0	0
(3)Michael Wolfe	1.00									
Board Member		х						0	0	0
(4)Matcheri_Keshavan	1.00									
Board Member		х	х					0	0	0
(5)Anthony Brown										
Board Member	1.00	х						0	0	0
(6)Theresa Frangiosa	1.00									
Board Member		х						0	0	0
(7)Mindy_Greiling	1.00									
Board Member		х						0	0	0
(8) Tim Murphy	1.00									
Board Member		х						0	0	0
(9)Mary Palafox	1.00									
Board Member		х						0	0	0
(10)Marina Dorotheo	1.00									
Board Member		х						0	0	0
(11)Robert Laitman	1.00									
Board Member		х						0	0	0
(12)Joel_White	1.00									
At-large Board Member		х		x				0	0	0
(13)Linda Mimms	1.00									
Vice Board Chair		х		x				0	0	0
(14)Holly_Krasa										
Secretary	1.00	х		х				0	0	0
										Form 990 (2023)

Form 99											213657		Page 8
Part \	/II Section A. Officers, Directors, T	rustees, k	Key E	mp	oloy	/ees	s, an	d H	lighest Compe	ensated En	<u>iployees</u>	i (coni	tinued)
	(A) Name and title	(B) Average hours per week	box	unles	Pos eck m ss per	rson is	an one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W		(F) timated an of other compensat from the	r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1099-MISC/ 1099-NEC)	or	ganization ted organi	and
(15) <u>Ku</u> r Treasu	rt_Talbot	1.00	x		x				0		0		0
	ela Babaev	1.00											
<u>Board</u> (17)	Chair		x		X				0		0		0
<u>(18)</u>		+											
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
(23)													
<u>(24)</u>													
(25)													
1b	Subtotal	<u> </u> 				•••		-					
	Total from continuation sheets to Part VII, Sect		•••	• •	••	••		•					
	Total (add lines 1b and 1c)								252,168	an \$100 000	0 of		0
	reportable compensation from the organizat		11030	2 1101			vc) w			un ¢ 100,000	01		2
2	Did the organization list any former officer, director	r tructoo koy	omak		ork	niaha	ot con		naatad		_	Yes	No
	employee on line 1a? If "Yes," complete Schedule		•	•		-		•			3		x
	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater than										4		x
	Did any person listed on line 1a receive or accrue												
	for services rendered to the organization? If "Yes,"	complete Sc	hedule	e J fo	or su	ch p	erson				5		х
	on B. Independent Contractors Complete this table for your five highest cor	nnensated	inden	end	ent	con	tracto	nrs t	that received mo	re than \$100	000 of		
	compensation from the organization. Repor	-	-									s tax ye	ear.
	(A)								(B)		(0		
Alfons	Name and business addres so V Guida Jr, 440 First Street		430) Wa	ash			Cor	Description of servic		Compe	nsation 113,	052
	Gordon Consulting LLC, 5919 Wel								nsulting Serv			128,	
	Total number of independent contractors (in received more than \$100,000 of compensat	-					ose lis	ted	l above) who	2			

Form 99	90 (202	23) Schiz	oph	renia & 1	Rela	ted Disorder	s Alliance	of Amer	33-12136	557 Page 9
Part '	VIII	Statement of Rev	enι	ie						
		Check if Schedule C) cor	ntains a resp	onse	e or note to any li	ne in this Part V	111		[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
ŝø	b	Membership dues		[1b					
unts	с	Fundraising events		F	1c					
Ū,Ū	d	Related organizations .		[1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ibuti	ons)	1e					
inil, C	f	All other contributions, gif	ts, gr	ants,						
ar Si		and similar amounts not in	ncluc	led above	1f	1,522,530				
Sthe	g	Noncash contributions inc	lude	d in						
d O		lines 1a-1f			1g	\$ 175,419				
ac	h	Total. Add lines 1a-1f					1,522,530			
						Business Code				
e	2a									
^ت کز	b									
Se	с									
Program Service Revenue	d									
г Б С	е									
Pre	f	All other program service r	even	ue	-					
	g	Total. Add lines 2a-2f								
	3	Investment income (includi	ing d	ividends, inte	rest, a	and				
		other similar amounts) .	•••		• •		8,561	8,561		
	4	Income from investment of	tax-	exempt bond	proce	eds ••••				
	5	Royalties	<u></u>	<u></u>						
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)	<u> </u>							
	7a	Gross amount from		(i) Securities	5	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
une		and sales expenses •••	7b							
Other Revenu		Gain or (loss)								
Å		Net gain or (loss) • • • •			<u></u>					
her	8a	Gross income from fundrai	ising							
ð		events (not including \$								
		of contributions reported of	n line	9						
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from f		aising events						
	9a	Gross income from gaming	-							
		activities. See Part IV, line			9a					
		Less: direct expenses .			9b					
	С	Net income or (loss) from g	gami	ng activities	<u> </u>					
	10a	Gross sales of inventory, le	ess							
		returns and allowances .			10a					
		Less: cost of goods sold			10b					
	С	Net income or (loss) from s	sales	of inventory	• •					
Ś						Business Code				
Miscellanous Revenue		Net Realized & Un				900099	15,319	15,319		
ent	b									
scel čev	C d									
Nis B		All other revenue								
		Total. Add lines 11a-11d Total revenue. See instruct					15,319		0	-
	14	I ULAI LEVENUE, SEE INSTITUC	JUDIS				1.546.410	23,880	ι <u>Ο</u>	0

	Check if Schedule O contains a response or n	ote to any line in this			x
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	iotal oxponoco	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	343,444	226,116	40,028	77,300
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,808	7,137	1,762	1,909
10	Payroll taxes	26,974	17,759	3,144	6,071
11	Fees for services (nonemployees):				
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 • •				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	760,635	607,581	102,006	51,048
12	Advertising and promotion				
13	Office expenses				
14	Information technology	47,711	45,725	1,986	
15	Royalties				
16	Occupancy				
17		12,111	2,432	9,675	4
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,447	12,102	2,236	4,109
23 24		4,946	3,244	600	1,102
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
•	(A), amount, list line 24e expenses on Schedule O.)	200,000	200,000		
a h	Research grants	300,000	300,000	07.645	
b	Other expenses	38,744	6,650	27,645	4,449
C C	Telephone and communications	1,542	1,143	399	
d	Suppllies, postage & shipping All other expenses	4,810	509	4,280	21
е 25	· · · · · · · · · · · · · · · · · · ·	1 590 490	1 000 000	100 501	140 010
25 26	Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the	1,570,172	1,230,398	193,761	146,013
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

23) Schizophrenia & Related Disorders Alliance of Amer Statement of Functional Expenses

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

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Form 990 (2023)

Part IX

	990 (20		e of Amer 3	3-121	.3657 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	. 906,270	1	611,506
	2	Savings and temporary cash investments	•	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	47,000	4	213,116
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \cdots		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	. 1,361	9	2,586
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 77,88	32		
	b	Less: accumulated depreciation	· · · · · · · · · · · · · · · · · · ·	10c	45,687
	11	Investments - publicly traded securities	239,812	11	265,198
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			1,138,093
	17	Accounts payable and accrued expenses		17	143,659
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	·	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	·	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
billit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	. 229,307	26	143,659
Se					
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	000.100	27	
ala	27	Net assets with donor restrictions			944,434
ар	28		. 25,000	28	50,000
un:		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
orF	29	Capital stock or trust principal, or current funds		29	
ts e	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	30	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,018,196	-	994,434
Ne	33	Total liabilities and net assets/fund balances			1,138,093
	00		1,247,503	- 33	1,130,093

EEA

Form 990 (2023)

Form	990 (2023) Schizophrenia & Related Disorders Alliance of Amer	33-1213	657	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	546,	410
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	570,	172
3	Revenue less expenses. Subtract line 2 from line 1	3		(23,	762)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	018,	196
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		994,	434
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2023)

Form **990** (2023)

SCHEDULE A	١
(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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-F7 Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Schizophrenia & Related Disorders Alliance of Amer 33-1213657 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). 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). X 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 а 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. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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 II, Type III, Type II, Type Δ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

OMB No. 1545-0047

		nia & Relat				33-121365	<u> </u>
Part							
	(Complete only if you checked th				•		alify under
<u> </u>	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
	ion A. Public Support	() 00 (0	(1) 0000	() 0004	()) 00000	() 0000	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
-	include any "unusual grants.")	826,333	738,916	1,411,077	1,578,295	1,522,530	6,077,151
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	826,333	738,916	1,411,077	1,578,295	1,522,530	6,077,151
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)						2,456,096
6	Public support. Subtract line 5 from line 4 .						3,621,055
	on B. Total Support	() 00 (0		() 000 (
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	826,333	738,916	1,411,077	1,578,295	1,522,530	6,077,151
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
-	similar sources	5,358	4,042	4,641	5,061	8,561	27,663
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		85		(35,017)	15,319	(19,613)
11	Total support. Add lines 7 through 10		-				6,085,201
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the or						
0	organization, check this box and stop her						· · · · · L
	on C. Computation of Public Suppor	rt Percentage	; vided by line 1	1 column (f))		14	
14	Public support percentage for 2023 (line 6					14	<u>59.51 %</u>
15	Public support percentage from 2022 Sch 33 1/3% support test - 2023. If the organi						65.86 %
16a	box and stop here. The organization quali						
b	33 1/3% support test - 2022. If the organi						
D	this box and stop here. The organization						•
17a	10%-facts-and-circumstances test - 202		• • • •	-			
17a	10% or more, and if the organization meet	•					
	-						
	Part VI how the organization meets the factor			•			_
h							
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the			•	•		· _
40	organization						
18	Private foundation. If the organization did						_

	le A (Form 990) 2023 Schizophrer	ia & Relat	ed Disorder	s Alliance	of Amer	33-1213657	Page 3
Part							
	(Complete only if you checked th			•			ler Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please cor	mplete Part II	.)	
	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.")						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)						
15	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org	nanization's firs	t socond third	l fourth or fifth	tax year as a g	501(c)	
14	organization, check this box and stop her	,					́ —
Secti	on C. Computation of Public Suppor						· · · · · ·
15	Public support percentage for 2023 (line 8			3 column (f))		15	%
16	Public support percentage from 2022 Sch		•	•••••		16	%
	on D. Computation of Investment Ind					1 1	/0
17	Investment income percentage for 2023 (li			line 13. colum	n (f))	17	%
18	Investment income percentage from 2022		., .			18	%
19a	33 1/3% support tests - 2023. If the organ						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2022. If the organization		-	-			
	line 18 is not more than 33 1/3%, check this box a						П
20	Private foundation. If the organization did	•					ıs 🗌

Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
_		
3a		
3b		
3c		
30		
4a		
-		
4b		
4c		
5a		
E h		
5b 5c		
6		
7		
7		
8		
9a		
C 1		
9b		
9c		
50		
10a		
10b		

			Yes	Ν
1	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		
č	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Č	provide detail in Part VI.	11c		
cti	on B. Type I Supporting Organizations			
			Yes	N
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
cti	on C. Type II Supporting Organizations			
			Yes	1
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
cti	on D. All Type III Supporting Organizations		Yes	1
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		105	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		-		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	2		
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
5	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	5).
а	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			

- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes

No

2a

2b

art				in in Dout VII) Coo
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organiz			
			s musi complete Sectio	(B) Current Yea
ecti	on A - Adjusted Net Income	_	(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	llv inte	grated Type III suppor	ting organization

Schedule A (Form 990) 2023

<u>33-121</u>3657 Schedule A (Form 990) 2023 Schizophrenia & Related Disorders Alliance of Amer Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Section D - Distributions Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8

(provide details in Part VI). See instructions.

9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C					
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
<u> </u>	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
EEA					Schedule A (Form 990) 2023

8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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 C Political Campaign and Lobbying Activities												
(Form 990)	Form 990)												
	2023												
Department of th	e Treasury	Complete if the organization is described	d below. Attach to F	orm 990 or Form 990-EZ.	Open to Public								
Internal Revenue		Go to www.irs.gov/Form990 for ins			Inspection								
If the organization answered "Yes" on 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" on 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. 													
	()())	,	()	, ,	•								
-		es" on Form 990, Part IV, line 5 (Proxy Ta	ix) (see separate ins	structions) or Form 990-EZ, Pa	irt V, line 35c (Proxy								
	arate instructions)												
		rganizations: Complete Part III.		Employer identif	instice eventor								
Name of orgar													
Schizophro		ed Disorders Alliance of the organization is exempt und	or soction 501/	33-1213657	agnization								
	-			•	yamzation.								
	•	ne organization's direct and indirect politica	i campaign activities	In Part IV. See Instructions for									
	ion of "political cam			¢									
		expenditures. See instructions											
3 Volunt		al campaign activities. See instructions the organization is exempt und											
		excise tax incurred by the organization under											
2 Enter	the amount of any e	excise tax incurred by organization manage	rs under section 4955	·····································									
		d a section 4955 tax, did it file Form 4720 f											
	," describe in Part l												
Part I-C		the organization is exempt und	er section 501(c) except section 501(c	:)(3)								
	•	expended by the filing organization for sec	•	<i>,</i> , , , , , , , , , , , , , , , , , , ,									
	•		•										
		ing organization's funds contributed to othe											
		ities • • • • • • • • • • • • • • • • • • •											
		enditures. Add lines 1 and 2. Enter here an											
		file Form 1120-POL for this year?											
		es and employer identification number (EII											
		ents. For each organization listed, enter the											
•		ntributions received that were promptly and	•										
	•	fund or a political action committee (PAC).	•										
	a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political								
(*	a) Name	(b) Address		filing organization's	contributions received and								
				funds. If none, enter -0	promptly and directly								
					delivered to a separate political organization.								
					If none, enter -0								
(4)													
(1)													
(0)													
(2)													
(0)													
(3)													
(0)													
(4)]										
(5)													
(5)													
(6)													
(6)													
For Donomuork	Deduction Act Natio	and the Instructions for Form 000 or 000 EZ			Sebedule C (Form 000) 2022								

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

Schedule C (Form 990) 2023

Sch	edu		Related Disorders Alliance of Amer	33-12136	- v							
P	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under											
		section 501(h)).										
A	Ch	Check 🔲 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address,										
		EIN, expenses, and share of excess lobbying expenditures).										
в	Ch	eck 🛛 if the filing organization checked box A	and "limited control" provisions apply.									
		Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated							
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals							
	1a	Total lobbying expenditures to influence public o	pinion (grassroots lobbying) • • • • • • • • • • • • • •									
	b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying) • • • • • • • • • • • • • • • • • • •									
	С	Total lobbying expenditures (add lines 1a and 1k)									
	d	Other exempt purpose expenditures										
	е	e Total exempt purpose expenditures (add lines 1c and 1d)										
	f	f Lobbying nontaxable amount. Enter the amount from the following table in both										
	_	columns.										
		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 lin	e 1f) • • • • • • • • • • • • • • • • • • •									
	h	Subtract line 1g from line 1a. If zero or less, enter	er -0- • • • • • • • • • • • • • • • • • •									
	i	Subtract line 1f from line 1c. If zero or less, enter	r-0- ••••••									
	j	If there is an amount other than zero on either lin	ne 1h or line 1i, did the organization file Form 4720	_								
				<u></u> [Yes 🗌 No							
		4-Yea	ar 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 separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
с	Total lobbying expenditures								
d	Grassroots nontaxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Schedule C (Form 990) 2023

Schedule C (Fo	,	Schizophrenia							33-121	
Part II-B	Complete if t	the organization i	S (exempt u	nder section	n 501(c)(3)	and	l has NOT	filed Form	5768
	(election und	der section 501(h))).							

	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)
	ption of the lobbying activity.	Yes	No	Aı	mount
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:				
а	Volunteers?		х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х		
с	Media advertisements?		х		
d	Mailings to members, legislators, or the public?		х		
е	Publications, or published or broadcast statements?		х		
f	Grants to other organizations for lobbying purposes?		х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	х			60,00
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х		
i	Other activities?		х		
j	Total. Add lines 1c through 1i • • • • • • • • • • • • • • • • • •				60,00
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	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) 501(c)(6).), or	secti	on	
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3	
3	III P Complete if the ergenization is exampt under costion $E01(a)(A)$ costion $E01(a)/E$			-	
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes."	Â, li	sect ne 3,	ion 50	
1	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members	Â, li	sect	ion 50	
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members	Â, li	sect ne 3,	ion 50	
1	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members	- A , liı 	sect ne 3, 1	ion 50	
1	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	-A, lii	sect ne 3, 1 2a	ion 50	
1 2	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	-Â, lii 	sect ne 3, 1	ion 50	
1 2 a	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	-Â, lii 	sect ne 3, 1 2a 2b 2c	ion 50	
1 2 a b	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	-Â, lii 	sect ne 3, 1 2a 2b	ion 50	
1 2 a b c	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Total	-Â, lii 	sect ne 3, 1 2a 2b 2c	ion 50	
1 2 a b c 3	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	- A , lii 	sect ne 3, 1 2a 2b 2c	ion 50	
1 2 a b c 3	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	- A , lii 	sect ne 3, 1 2a 2b 2c	ion 50	
1 2 a b c 3	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III- "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 expenditures next year? Taxable amount of lobbying and political expenditures. See instructions	- A , lii 	sect ne 3, 1 2a 2b 2c 3	ion 50	

2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Page 3

n answered "Yes" on Form 990, 1b, 11c, 11d, 11e, 11f, 12a, or 12b o Form 990. structions and the latest informat).	202
o Form 990.		
		Open to P
311 UCTIONS AND THE IALEST INTONNA	tion.	Inspection
	Employer identifica	ation number
er	33-12136	57
a 990, Part IV, line 6. (a) Donor advised funds	(b) Fund	s and other accounts
		🗌 Yes
in writing that grant funds can be $\boldsymbol{\iota}$	used	
	a 990, Part IV, line 6. (a) Donor advised funds (a) hat the assets held in donor advised (clusive legal control?	ar 33-12136 or Other Similar Funds or Accounts a 990, Part IV, line 6. (a) Donor advised funds (b) Fund (a) Donor advised funds (b) Fund (b) Fund (c)

. 🗌 Yes No Part II **Conservation Easements** Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year а Total number of conservation easements 2a Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included on line 2a 2c С d Number of conservation easements included on line 2c, acquired after July 25, 2006, and not 2d on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? No 9 In Part XIII, 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" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$___

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the							
	following amounts required to be reported under FASB ASC 958 relating to these items:							
а	Revenue included on Form 990, Part VIII, line 1	\$						
b	Assets included in Form 990, Part X	\$						

OMB No. 1545-0047

Open to Public Inspection

Schedul	e D (Form 990) 2023 Schizophrenia &							33-121 Ner Similar As		(cont	Page 2
3	Using the organization's acquisition, accessi										/
•	collection items (check all that apply):	, a.		,		and the second second					
а				Ь		r exchange p	orogram				
b	Scholarly research			e	Other	r exendinge p	Jogram				
c	Preservation for future generations			C							
4	Provide a description of the organization's ca	ollecti	one and evolai	n how they	further the	organizatio	n's ovor	nt nurnose in Par	•		
-	XIII.	Unectiv		IT HOW they		sorganizatio	II S EXEII				
5	During the year, did the organization solicit c		ivo donations	of art bists	rical trace	uros or otho	r cimilar				
5	assets to be sold to raise funds rather than to			-					Г	Yes	
Par					Jiyanizaio		1		• _	163	
	Complete if the organization	-		' on Forn	n 990 P	art IV line	9 or r	eported an an	nount	on Fo	orm
	990, Part X, line 21.	anei				urer <i>v</i> , inte	0, 01 1	oportoù arr ar	ie an		51111
1a	Is the organization an agent, trustee, custod	ian or	other intermed	hiary for co	ntributions	or other ass	ets not				
·u				-					. Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIII								· · _		
				nowing tab	ю.			Δr	nount		
с	Beginning balance						. 10		nount		
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								. L		No
b	If "Yes," explain the arrangement in Part XIII.							•		_	
Par		. onec		лрапацоп							
	Complete if the organization	ansv	wered "Yes"	' on Forn	n 990 P	art IV line	10				
			Current year	(b) Pri		(c) Two years		(d) Three years back	(0) Four ye	are back
1a	Beginning of year balance	(a)	Current year	(0) FI	or year		SDACK	(u) Thee years back	. (6) i oui ye	
b											
c	Net investment earnings, gains, and										
Ũ											
d	Grants or scholarships										
e	Other expenditures for facilities and										
C											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent v	ear end balanc	l ne (line 1a	column (a)) held as:					
a	Board designated or quasi-endowment	ioni y	%	c (inte ty,	column (a						
b	Permanent endowment %		/0								
c	Term endowment %										
Ũ	The percentages on lines 2a, 2b, and 2c sho	م الاد	gual 100%								
3a	Are there endowment funds not in the posse			ation that a	ire held an	d administer	ed for th	۵			
54	organization by:	,331011	of the organiz					6		V	es No
	(i) Unrelated organizations?								. [3a(i)	
	(ii) Related organizations?								-	Ba(ii)	
b	If "Yes" on line 3a(ii), are the related organize								È	3b	
4	Describe in Part XIII the intended uses of the		•						• ∟	50	I
Par		-			103.						
	Complete if the organization			' on Forn	n 990 P	art IV line	11a S	See Form 990	Part	X line	e 10
	Description of property	aner	(a) Cost or oth			r other basis		Accumulated) Book v	
	Description of property		(investme			other)		epreciation	(C) DOOK V	aiue
1a	Land		,		<u> </u>						
b	Buildings										
c	Leasehold improvements										
d	Equipment										
e						77 000		22 105			5 607
	Other ••••••••••••••••••••••••••••••••••••		1 1m 990 Part Y	line 10c /	l Column (R)	77,882	L	32,195			<u>5,687</u> 5,687
	naa iiree ta uirougit te. (ooluliilii (u) iilust eqi	uai F0	330, Fail X	, iiri c 100, (.ыштт (В)				hadula		5,687 1990)2023
EEA								50	euule	D (1.011	1 3307 2023

Schedule D (For	m 990) 2023 Schizophrenia & Related Disc Investments - Other Securities	orders Alliance	of Amer 33-	-1213657 Page 3
Part VII	Complete if the organization answered "Yes" on For	m 000 Part IV lin	11h Soo Form	000 Part V line 12
	Complete if the organization answered fes on For	990, Fait IV,		990, Part A, III e 12.
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value
(1) Financial	derivatives • • • • • • • • • • • • • • • • • • •			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
_(B)				
(C)				
(D)				
_(E)				
(F)				
(G)				
(H)				
Total. (Columi	n (b) must equal Form 990, Part X, line 12, col.(B))			
Part VIII	Investments - Program Related		44 0 5	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))

Part X Other Liabilities

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

		33-1213	
Part		Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,546,410
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments • • • • • • • • • • • • • • • • • • •		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,546,410
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	1,546,410
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	Irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	1,570,172
1 2			
	Total expenses and losses per audited financial statements		
2	Total expenses and losses per audited financial statements		
2 a	Total expenses and losses per audited financial statements		
2 a b	Total expenses and losses per audited financial statements		
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d		
2 a b c d	Total expenses and losses per audited financial statements	1	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	1 2e	1,570,172
2 a b c d e 3	Total expenses and losses per audited financial statements	1 2e	1,570,172
2 b c d 3 4	Total expenses and losses per audited financial statements	1 2e	1,570,172
2 b c d 8 3 4 a	Total expenses and losses per audited financial statements	1 2e	1,570,172
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	1 2e 3	1,570,172

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

SCHEDULE	L
(Form 990)	

Transactions With Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

2023 Open To Public Inspection

OMB No. 1545-0047

G	o to www.irs.gov/Form990 for instructions and the latest informat	ion.

Department of the Treasury

Internal Revenue Service	Go to	www.irs.gov/For	rm990 fo	r instruc	ctions and th	ne lates	st information.			In	spect	ion	
Name of the organization							Emp	oyer ider	ntificati	on nun	nber		
Schizophrenia & Re								-12136					
	nefit Transactio	•					. , .	, –			• •		
Complete if	the organization	answered "Yes	s" on Fo	rm 990	, Part IV, lin	<u>1e 25a</u>	or 25b, or Fo	rm 990-	EZ, P	′art V,	line 4	0b.	
1 (a) Name of disqualifie	ed person	(b) Relationship betw	ween disqua	alified perso	n and		(c) Description	n of transad	ction			(d) Corr	rected?
		orç	ganization									Yes	No
(1)													
(2)													
(3)													
2 Enter the amount of ta	ax incurred by the c	organization mana	agers or o	disqualifi	ed persons o	during t	he year						
under section 4958										\$_			
3 Enter the amount of ta	ax, if any, on line 2,	above, reimburse	ed by the	organiza	ation ••					\$_			
	nd/or From Inte							~ ~ ~					
	the organization τ reported an am						88a, or ⊢orm 9	90, Par	t IV, li	ne 26	; or it	the	
			990, Fai T		; 5, 0, 01 ZZ	 							
(a) Name of interested person	(b) Relationship	(c) Purpose of		an to or	(e) Origin		(f) Balance due	(g) In a	default?	1	proved	(i) Wi	
	with organization	loan		n the zation?	principal amount					by board or committee?		agreement?	
				r –					1		1		
			То	From				Yes	No	Yes	No	Yes	No
(4)													
(1)										┼───			
(2)													
(2)													
(3)													
(4)													
(5)													
Total						\$							
Part III Grants or A	Assistance Bene	efiting Interest	ed Pers	sons									
Complete if	the organization					ne 27.							
(a) Name of interested person	(b) Relati	onship between interes	ted	(c) Ai	mount of		(d) Type of assistant	ce		(e) Purp	ose of a	ssistance	9
	perso	on and the organization	ו ו	assi	istance								
(1)													
(2)													
(0)													
(3)													
(4)													
(4)													
(5)													
For Paperwork Reduction	Act Notice, see th	e Instructions fo	or Form	990 or 9	90-EZ.	1				Schedu	ile L (F	orm 99	0) 2023

Schedule L (Form 990) 2023 Schizophrenia	a & Related Disorder	rs Alliance of	Amer 33-1213657	F	⁻ age 2
Part IV Business Transactions Involv	ing Interested Persons				
Complete if the organization and	swered "Yes" on Form 990	, Part IV, line 28a, 28	8b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring of ization's nues?
				Yes	No
(1) Current Board Member	Current Director	250,000	Contributions		x
		,			
(2) Current Board Member	Current Director	17,500	Contributions		x
(3) Blue Persimmon Goup	Current Board Member	97,588	Professional Services		x
_ (4)					
(5)					
Part V Supplemental Information					

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

33-1213657

Department of the Treasury Internal Revenue Service Name of the organization

Schizop	hrenia	&	Related	Disorders	Alliance	of	Amer	
			<u> </u>					_

Pari	I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cor			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
3	-							
6	goods							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
10	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
12								
13	Qualified conservation contribution - Historic							
	structures							
14	Qualified conservation							
14	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	-							
20 21	Drugs and medical supplies Taxidermy							
22	Historical artifacts							
	Scientific specimens							
23	-							
24	Archeological artifacts							
25 26	Other (Professional Se)	X	1	151,119	FMV			
20 27	Other () Other ()							
28	Other ()							
20	Number of Forms 8283 received by the c	 prognization	during the tax year for contributi	ons for				
25	which the organization completed Form 8	0	0 ,		29			
		0200, i ait v,	Bonce Acknowledgement		23		Yes	No
30a	During the year, did the organization rece	eive hv contri	bution any property reported in	Part L lines 1 through			100	110
oou	28, that it must hold for at least 3 years fr	•	•••••	•				
	used for exempt purposes for the entire h					30a		х
b	If "Yes," describe the arrangement in Par	0.	u:			000		~
31	Does the organization have a gift accept		hat requires the review of any n	onstandard				
0.						31	x	
32a	Does the organization hire or use third pa						^	
0 <u>-</u> u	• ·					32a		
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amour	nt in column	(c) for a type of property for whi	ch column (a) is checked				
	describe in Part II.							

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

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.

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

OMB No. 1545-0047
2023
Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schizophrenia & Related Disorders Alliance of Amer

Employer identification number 33–1213657

01. Form 990 governing body review (Part VI, line 11)

A draft copy of Form 990 is first reviewed by the Board Treasurer and approved by the

whole board before the final copy is e-filed with the IRS.

02. Conflict of interest policy compliance (Part VI, line 12c)

Board members are required to complete a conflict of interest questionnaire annually to

disclose real or potential conflicts with parties having relationships with the

organinzation.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Executive Committee of the Board determines the CEO's compesation using comparable

data from other similar organizations as a guide.

04. Governing documents, etc, available to public (Part VI, line 19)

The organization makes its Form 990 and financial statements available to the public upon

request.

05. List of other fees for services expenses (Part IX, line 11g)

<u>Professional</u>	Services -	Program	\$607,581
Ductoccional	Comuiaco	Management (Canaval	¢102_006
<u>Professional</u>	Services -	Management & General	\$102,006
Professional	Services -	Fundraising	\$51,048

	Fe	ederal Supporting	Statements	2023	PG01
Name(s) as shown on return			otatomonto	Tax ID Numb	
Schizophrenia	& Related	Disorders Alli	lance of Amer		33-1213657
	<u>a noracoa</u>				<u> </u>
	Form 990,	Part VI, Sect	ion C, line 17	St	atement #017
Ctatas share a		hia Tarm 000			
States where a is required to					
IS required to	be iiieu.				
Alabama		West Virginia			
Arkansas		Nest Virginia			
California					
Florida					
Georgia					
Hawaii					
Illinois					
Kansas					
Kentucky Massachusetts					
	j				
Maryland Maine					
Michigan					
Minnesota					
Mississippi					
North Carolin					
North Dakota	la				
New Hampshire					
New Jersey					
New Mexico					
New York					
Oregon					
Pennsylvania					
Rhode Island					
South Carolin	1a				
Tennessee	ia				
Utah					
Virginia					
Washington					
Wisconsin					
ALOCONDIN					
		FOR YOUR RECO	RDS ONLY		
					PG01
	Form 990 -		Part VI - Line	e 1e st	atement #D1e
		Investments -	Other		
_		a . /1 .	a . /		
Description		Cost/basis	Cost/basis	_	Book
of Investment		(Investment)	(Other)	Depr	Value
Capitalized websit	e developmen	0	77,882	32,195	45,687
Total		0	77 000	20 1 OF	15 607
TOLAT		U	<u> </u>	32,195	45,687