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Form			U

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under 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.



A	For the	2021 calendar year, or tax year beginning and ending	g		
B	Check if applicabl Addre	ANXIETI AND DEPRESSION ASSOCIATION		D Employer identifie	cation number
	chang	• OF AMERICA		50 10400	~ ~
	chang	Doing business as		52-12488	
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone numbe	
	Final return termin			240-485-	
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910	- H	G Gross receipts \$	2,688,941.
	return Applic tion			H(a) Is this a group re	
	tion pendii	¹⁹ SAME AS C ABOVE		for subordinates H(b) Are all subordinates ir	
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	()	list. See instructions
		e: ► WWW.ADAA.ORG		H(c) Group exemptio	
					State of legal domicile: DC
_	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: TO PROM	OTE	THE PREVEN	TION,
Activities & Governance		TREATMENT, AND CURE OF ANXIETY, DEPRESSION,	OCI), PTSD, AN	D RELATED
srna	2	Check this box if the organization discontinued its operations or disposed of	⁻ more t	han 25% of its net as	sets.
OVe	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
യ യ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	5
iviti	6	Total number of volunteers (estimate if necessary)		6	12
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			32,703.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	22,903.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		992,490.	995,779.
Revenue		Program service revenue (Part VIII, line 2g)		561,539.	938,626.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		117,435.	203,905.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,739. 1,675,203.	4,602.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	1,360.	2,142,912. 500.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,300.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		515,474.	576,164.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nəc		Professional fundraising fees (Part IX, column (A), line 11e)		•	0.
Ĕ		Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,886. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		615,844.	766,584.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,132,678.	1,343,248.
		Revenue less expenses. Subtract line 18 from line 12		542,525.	799,664.
or				inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2.39	4,162,012.	4,883,688.
Ass Ba	21	Total liabilities (Part X, line 26)		421,647.	358,875.
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20		3,740,365.	4,524,813.
		Signatura Plack		, , , , , , , , , , , , , , , , , , , ,	,- ,-=

Part II Signature Block

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

	Susan K. Gurley		7/18/2022	
Sign	Signature of officer		Date	
Here		/E DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	SEAN MCELWANEY	Sen WEL	7/18/22 if self-em	
Preparer	Firm's name 🕞 JM&M		Firm's EIN	52-1853933
Use Only	Firm's address 👞 10500 LITTLE PAT	TUXENT PARKWAY, SUITE	-	
	COLUMBIA, MD 210)44	Phone no.4	10-884-0220
May the II	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
132001 12-0	09-21 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form 990 (2021)
S	EE SCHEDULE O FOR ORGANIZ	LATION MISSION STATEM	ENT CONTINU	ATION

Chack if Schedule Quotains a response or note to any line in this Part III Direct discreture Quotains instance TO PROMOTE THE PREVENTION, TREATMENT, AND CURE OF ANXIETY, DEPRESSIO OCD, PTSD, AND RELATED DISCOPERS AND TO IMPROVE THE LIVES OF ALL PEOPLE WHO SUFFER FROM THEM THROUGH EDUCATION, PRACTICE, AND RESEARC Od the organization undertake any significant program services during the year which were not listed on the proform 900 or 900 E27 If 'rst, 'describe these changes are values on Schedule 0. Do the organization cudertake any significant program services during the year which were not listed on the proform 900 or 900 E27 If 'rst, 'describe these changes on Schedule 0. Do the organization coase conducting, or make significant changes in how it conducts, any program services, are userved, if any, for each program service accomplainments for each of its three largest program services, are userved, if any, for each program service accomplainments for each of its three largest program services, are userved, if any, for each program service accomplainments for each of its three largest program services, are userved, if any, for each program service accomplaintents are required. Code: [Genered: 594, 293. 'totaling parts and allocations to drives, the total expenses, are userved, if any, for each program service accomplaintents for each of its theorem, and the transmittent of the second to the second to accomplaintent or enginetic to a second to accomplaintent or enginetic to a second		990 (2021) OF AMERICA 52-1248820 Pa
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Form 990 (2021)

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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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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 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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	0000	X
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Form **990** (2021)

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	990 (2021)OF AMERICA52-1248t IVChecklist of Required Schedules (continued)	3820	F	'ag
1 01	Checkinst of Hequired Schedules (continued)		Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Γ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	╞
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			L
	Schedule K. If "No," go to line 25a	24a		╀
	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	04-		
ام	any tax-exempt bonds?	24c		╀
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		╀
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		L
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		╀
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			L
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		L
26	Schedule L, Part I	25b		╀
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		L
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		t
21	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		l
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			t
	instructions for applicable filing thresholds, conditions, and exceptions):			l
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			Ī
ŭ	"Yes," complete Schedule L, Part IV	28a		l
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		t
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			t
	"Yes," complete Schedule L, Part IV	28c		l
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Ī
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Ī
	contributions? If "Yes," complete Schedule M	30		l
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Γ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Ī
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Γ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Γ
	Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		ļ
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		L
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			L
	If "Yes," complete Schedule R, Part V, line 2	36		Ļ
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		ļ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dec	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	1
Par	Check if Schedule O contains a response or note to any line in this Part V			т
Par			Yes	1
		1	103	T
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	1	103	T
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	L D	103	
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b (Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u>5</u>		
1a b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b (Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?) 1c	x	
1a b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b (Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u>5</u>	x	(2

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Par	990 (2021) OF AMERICA		52-1248	020	F	Pa
	t V Statements Regarding Other IRS Filings and Tax Compliance (continued	1)				
		1	I		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		5			
	filed for the calendar year ending with or within the year covered by this return	2a			x	Ŧ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret			2b		╋
0 -	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			0-	x	Ŧ
				3a	X	╉
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedu			3b		╉
48	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial			4a		
h	If "Yes," enter the name of the foreign country	li accou		+a		t
N N	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	its (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		T
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b	<u> </u>	1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did				<u> </u>	1
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contrib					T
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices p	rovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		Ι
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was req	uired			
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	xt?	7e	\square	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor	ntract?		7f	_	_
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 88	999 as required?	7g	\vdash	_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ			7h	<u> </u>	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	sponsoring organization have excess business holdings at any time during the year?			8	_	
	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a	—	_
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	-	┥
	Section 501(c)(7) organizations. Enter:	100				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1		
	Section 501(c)(12) organizations. Enter:	10b		1		
	Gross income from members or shareholders	11a				
		1 Ia				
				1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		-		
b	amounts due or received from them.)		2	12a		
b 2a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 1041'	?	12a		
b 2a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For If "Yes," enter the amount of tax-exempt interest received or accrued during the year	m 1041'	?	12a		
b 2a b 3	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 1041′ 12b		12a 13a		
b 2a b 3	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	m 1041′ 12b		-		
b 2a b 3 a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	m 1041′ 12b		-		
b 2a b 3 a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the	m 1041' 12b		-		
b 2a b 3 a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	m 1041′ 12b		-		
b 2a b 3 a b c	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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	m 1041′ 12b 13b 13c		-		
b 2a b 3 a b c 4a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand	m 1041' 12b 13b 13c		13a		
b 2a 5 3 a b c 4a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	m 1041 12b 13b 13c		13a 13a 14a		
b 2a b 3 a b c 4a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	m 1041 [°] 12b 13b 13c <i>Jule O</i> neration	or	13a 13a 14a		
b 2a 5 3 a b c 4a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sched</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remute	m 1041 [°] 12b 13b 13c <i>Jule O</i> neration	or	13a 14a 14b		
b 2a 3 3 b 4a 5	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sched</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remute excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	m 1041' 12b 13b 13c dule O	or	13a 14a 14b		
b 2a 3 3 b 4a 5 6	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sched</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remute excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O.	m 1041 [°] 12b 13b 13c dule O heration	or	13a 14a 14b 15		
b 2a 3 3 b 4a 5 6	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sched</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remute excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	m 1041 ⁴ 12b 13b 13c dule O neration ent inco	or	13a 14a 14b 15 16		
b 2a 3 3 b 4a 5 6	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sched</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remute excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O.	m 1041 ⁴ 12b 13b 13c dule O neration ent inco	or	13a 14a 14b 15		

52-1248820 Page 6

Form 990 (2	2021)	AMERICA		. age
Part VI	Governance, Mana	agement, and	Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" in	response
	to line 8a, 8b, or 10b bel	ow, describe the	circumstances, processes, or changes on Schedule O. See instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI					Х
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	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	ne dire	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's as					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 a					37
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			37
_	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				v	
a	The governing body?			. <u>8a</u>	X X	
	Each committee with authority to act on behalf of the governing body?			. 8 b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such c			. 10a		
D	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			11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay bor		Tita		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")					
	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization					Х
	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 arrange	ment	vith a			
	taxable entity during the year?			. 1 6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n'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 \blacktriangleright AZ , CA , GA , IL , M					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	D-T (section 501(c)	(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy,	and fina	ncial	
00	statements available to the public during the tax year.	I	al va a suite 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's bo SUSAN GURLEY - $240-485-1001$	JOKS a	ia records 🕨			
	8701 GEORGIA AVENUE, 412, SILVER SPRING, MD 20910)				
12000		,		Form	990	(2021)
132006	6 SEE SCHEDULE O FOR FULL LIST OF STATES			TUII	1000	(2021)

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2021.04000 ANXIETY AND DEPRESSION ASSO 17468_1

ANXIETY .	AND	DEPRESSION	ASSOCIATION	Ì
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Form 990 (2	2021)	OF	AMERI	CA				52-1
Part VII	Compensation	of C	officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate
	Employees, and	d Ind	depende	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

I

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	Pos heck ss pe	Position eck more than one s person is both an a director/trustee)			Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUSAN GURLEY	40.00							104 000	0	00 444
EXECUTIVE DIRECTOR	40.00			X				194,000.	0.	23,441.
(2) LISE BRAM	40.00			37				127 520	0	10 007
DEPUTY EXECUTIVE DIRECTOR	2 00			X				137,538.	0.	18,087.
(3) LUANA MARQUES, PHD	2.00	v		x				0	0.	0
PRESIDENT	2.00	X		<u>^</u>				0.	0.	0.
(4) CHARLES NEMEROFF, MD, PHD	2.00	x		x				0.	0.	0.
PRESIDENT-ELECT (5) MARY E. (BETH) SALCEDO, MD	2.00		-			\vdash		0.	0.	0.
IMMEDIATE PAST PRESIENT	2.00	x		x				0.	0.	0.
(6) RISA WEISBERG, PHD	2.00	123				\vdash			••	0.
TREASURER	2100	x		x				0.	0.	0.
(7) SANJAY MATHEW, MD	2.00					\vdash				
SECRETARY		x		x				0.	0.	0.
(8) KEN GOODMAN, LCSW	2.00									
BOARD MEMBER		x						0.	0.	Ο.
(9) PAUL HOLTZHEIMER, MD	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) TANJA JOVANOVIC, PHD	2.00									
BOARD MEMBER		X						0.	0.	0.
(11) SCOTT RAUCH, MD	2.00									
BOARD MEMBER UNTIL SEPT. 2021		Х						0.	0.	0.
(12) SHEILA RAUCH, PHD	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) HELEN BLAIR SIMPSON, MD, PHD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KRYSTAL LEWIS, PHD.	2.00									
BOARD MEMBER		X		_				0.	0.	0.
	+	-			\vdash					
		1								
	1			-	L	-				

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Form 990 (2021)

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2021.04000 ANXIETY AND DEPRESSION ASSO 17468_1

Form 990 (2021) ANXIETY 2		RES	SSI	IOI	1 2	ASS	50	CIATION	52-1	218	820		8
Form 990 (2021) OF AMERIC Part VII Section A. Officers, Directors, Trus		nlov		an	d Hi	aho	st (Compensated Employe		240	020	P	age 8
(A) Name and title	(B) Average hours per	(do box	not c , unle	Pos heck	C) ition more rson) than is bot	one h an	(D) Reportable	(E) Reportable compensatio			(F) stimate	
	week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated sn1/v		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MI 1099-NEC	d is SC/	com fr org ane	other pensa om th anizat d relat anizati	ation ie tion ted
								221 520		0	Α	1 F	20
1b Subtotal c Total from continuation sheets to Part V								331,538.		0.	4	т, э	28.
d Total (add lines 1b and 1c)								331,538.		0.	4	1,5	28.
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	nose	liste	ed al	bove	e) wł	no r	received more than \$100	0,000 of reportab	ole		Yes	2 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-					e 1 1			3	res	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	omp <i>mple</i>	ensa ete S	atior Sche	n and e <i>dule</i>	d ot e J i	her compensation from for such individual	the organization		4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•										5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100.000 of cor	npens	ation 1	rom	
the organization. Report compensation for	-	-											
(A) Name and business STELLATO MEETING SOLUTIO								(B) Description of s CONFERENCE	ervices	С	ompe		on
16605 NORBECK FARM DRIVE		, 1	٩D	20	8	32		MANAGEMENT			12	9,6	04.
							_						
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	iot li	mite	d to		se lis 1	steo	d above) who received m	nore than		Form	900 /	(2021)
													(⊂U⊂I)

132008 12-09-21

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

			OF AMERICA				52-1248	820 Page 9
Pa	rt V		Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(B)	(C)	
					(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	a	Federated campaigns 1a	32,938.				
àran oun			Membership dues 1b	-				
S, G			Fundraising events 1c					
Gift lar			Related organizations 1d					
ns, o		е	Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and					
<u>i</u> E E E				962,841.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f		005 770			
<u>a O</u>		h	Total. Add lines 1a-1f		995,779.			
	~	_	CONFERENCE & OTHER PRO	Business Code 900099	619,142.	619,142.		
Program Service Revenue	2		MEMBERSHIP DUES	900099	288,481.	288,481.		
Ser			NEWSLETTER ADVERTISING	900099	16,039.	200,1010	16,039.	
am			JOURNAL ROYALTIES	900099	14,964.		14,964.	
ogr		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		938,626.			
	3		Investment income (including dividends, intere					
			other similar amounts)	🕨	107,754.			107,754.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	6	2						
			Less: rental expenses					
			Rental income or (loss) 6c					
			Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 641 , 869 .					
		b	Less: cost or other basis					
evenue			and sales expenses $7b545,718$.					
leve			Gain or (loss) 7c 96,151.		96,151.			96 151
er B			Net gain or (loss) Gross income from fundraising events (not	····· •	90,191.			96,151.
Other	0	a	including \$ of					
-			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
		_	Part IV, line 19					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities Gross sales of inventory, less returns	>				
	10	a	and allowances	3,213.				
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	-	2,902.	2,902.		
s				Business Code				
Miscellaneous Revenue	11	а	MAIL LIST/LABELS	900099	1,700.		1,700.	
lan		b		ļ				
Rev		c						
Ϊ			All other revenue		1,700.			
	12	e	Total. Add lines 11a-11d Total revenue. See instructions		2,142,912.		32 703	203,905.
13200		00-			-,,>	510,525.	52,703.	Form 990 (2021)
,5200	- 12-				9			

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	OF AMERICA	20		52-12	48820 Page
	n 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	omplete column (A).	
	Check if Schedule O contains a response				Σ
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and other assistance to domestic organizations				
	Grants and other assistance to domestic ndividuals. See Part IV, line 22	500.	500.		
0	Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
	Compensation of current officers, directors, rustees, and key employees	373,066.	294,287.	66,770.	12,00
6 С р	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages	148,605.	117,155.	26,670.	4,78
8 P	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,274.	2,595.	573.	10
9 C	Other employee benefits	15,338.	12,157.	2,685.	49
	Payroll taxes	35,881.	28,044.	6,693.	1,14
11 F	Fees for services (nonemployees): Management				
b L	_egal				
сA	Accounting	64,000.		64,000.	
d L	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees	17,739.		17,739.	
•	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	151,795.	119,806.	17,204.	14,78
1 2 A	Advertising and promotion	8,985.	5,392.	3,503.	9
3 C	Office expenses	49,943.	35,813.	8,433.	5,69
14 Ir	nformation technology	124,789.	111,548.	6,681.	6,56

Royalties 49,247. 58,983. 16 Occupancy _____ 1,832. 1,723. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 218,987. 218,987. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 20,592. 17,194. Depreciation, depletion, and amortization 22 3,742. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 8,070. 2,250. UBI TAXES PAID а STATE CHARITABLE REGIST 20,096. b JOURNAL FEES 7,800. 7,800. С 4,876. DUES AND SUBSCRIPTION 3,404. d 4,355. 2,613. e All other expenses 1,343,248. 1,030,515. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

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15

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1,390.

109.

485.

20,096.

67,886.

96.

43.

8,346.

2,913.

3,742.

5,820.

1,376.

1,699.

244,847.

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Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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Form	990	(2021)	١

OF AMERICA

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Pa	rt X						
		Check if Schedule O contains a response or not	e to any line in this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			156,764.	1	150,317.
	2	Savings and temporary cash investments	585,221.	2	549,235.		
	3	Pledges and grants receivable, net			10,000.	3	186,119.
	4	Accounts receivable, net			79,177.	4	19,425.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial contributor, c	or 35%			
		controlled entity or family member of any of thes	se persons			5	
	6	Loans and other receivables from other disquali	fied persons (as def	ined			
		under section 4958(f)(1)), and persons described	(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,208.	8	796.
Ä	9	Prepaid expenses and deferred charges		38,964.	9	31,477.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		36,650.			
	b	Less: accumulated depreciation		19,091.	77,800.	10c	87,559.
	11	Investments - publicly traded securities			3,208,792.	11	3,854,674.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	4,086.	15	4,086.		
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		4,162,012.	16	4,883,688.
	17	Accounts payable and accrued expenses			51,773.	17	56,705.
	18	Grants payable				18	
	19	Deferred revenue			369,874.	19	302,170.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule	D		21	
es	22	Loans and other payables to any current or form	ner officer, director,				
iliti		trustee, key employee, creator or founder, subst	tantial contributor, c	or 35%			
Liabilities		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Complete F	Part X			
		of Schedule D		····· _	401 647	25	250 075
	26	Total liabilities. Add lines 17 through 25			421,647.	26	358,875.
S		Organizations that follow FASB ASC 958, che	ck here 🕨 👗				
nce		and complete lines 27, 28, 32, and 33.			2 720 265		1 511 012
ala	27	Net assets without donor restrictions			3,720,365. 20,000.	27	4,514,813. 10,000.
ЧB	28	Net assets with donor restrictions			20,000.	28	10,000.
n		Organizations that do not follow FASB ASC 9	58, check here 🕨				
Net Assets or Fund Balances		and complete lines 29 through 33.					
sts	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or ec				30	
∋t A	31	Retained earnings, endowment, accumulated in			3,740,365.	31	1 501 010
ž	32	Total net assets or fund balances				32	4,524,813.
	33	Total liabilities and net assets/fund balances			4,162,012.	33	4,883,688.

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	1990 (2021) OF AMERICA	52-12	48820	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			0 1 4 6		10
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,142	2,9	12.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,343		
3	Revenue less expenses. Subtract line 2 from line 1	3	799		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,740		
5	Net unrealized gains (losses) on investments	5	-15	,2	16.
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	4,524	1,8	13.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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	,			
	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 Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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(Fo	orm 99	DULE A 00) f the Treasury	Co	OMB No. 1545-0047						
		nue Service		► Go to www.irs.go		Inspection				
Nar	ne of t	he organizati	on ANXI	ETY AND DE	PRESSION ASS	OCIAT	ION		Employer	identification number
				MERICA						2-1248820
Pa	irt I	Reason	for Public	Charity Status.	(All organizations must c	omplete t	nis part.) S	See instruction	าร.	
The	organ	ization is not a	private found	lation because it is:	(For lines 1 through 12, o	heck only	one box.)			
1		A church, cor	nvention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)([.]	1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	onjunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	ally receives a substa	antial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
				omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9					l in section 170(b)(1)(A)(
			or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state c	f the colleg	e or
		university:								
10					than 33 1/3% of its sup					
					ct to certain exceptions;					
					e (less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.
				mplete Part III.)	webute test for public or	foty Coo	nantian Fl	O(a)(4)		
11 12	\square	-	-	-	sively to test for public sa	•			orn out the	nurnesses of one or
12		-	-	-	sively for the benefit of, to ed in section 509(a)(1) o				-	
					of supporting organizatio					HECK THE DOX ON
а		7			supervised, or controlled					aivina
					egularly appoint or elect a					
			-	complete Part IV, S						
b					d or controlled in connec	tion with i	s support	ed organizati	on(s), by ha	vina
				-	anization vested in the s			-		•
			-	t complete Part IV,		·				
с		Type III fur	ctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrate	ed with,
		its supporte	ed organizatio	n(s) (see instruction	s). You must complete l	Part IV, Se	ections A,	D, and E.		
c		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection \	vith its suppo	rted organi	zation(s)
		that is not f	unctionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requiremen	t (see instruct	tions). You must co i	mplete Part IV, Sections	A and D	and Part	V.		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
			-	• •	onally integrated support					
f										
<u>0</u>				n about the support		(iv) Is the orga	nization listed	(w) Amount o	fmonoton	(vi) Amount of other
	(i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ng document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		- 3			above (see instructions))	Yes	No		,	
										<u> </u>
										<u> </u>
Tota	al									

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

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Schedule A	(Form 990)	2021	OF	AMERICA				
Part II	Suppor	t Schedule	for Or	ganizations	Described in	Sections	170(b)(⁻	1)(A)(iv

v) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	507,028.	933,445.	812,156.	992,490.	995,779.	4240898.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	507,028.	933,445.	812,156.	992,490.	995,779.	4240898.
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)						311,298.
6	Public support. Subtract line 5 from line 4.						3929600.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	507,028.	933,445.	812,156.	992,490.	995,779.	4240898.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,413.	51,580.	61,132.	80,139.	107,754.	312,018.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	9,570.	29,133.	29,529.	11,738.	22,903.	102,873.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	15.		3,705.	882.		4,602.
11	Total support. Add lines 7 through 10						4660391.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,955,349.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (14	84.32 %
	Public support percentage from 2020					15	88.05 %
16 a	33 1/3% support test - 2021. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
1 7a	10% -facts-and-circumstances tes						
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s 🕨 🗖
						Schedule A	(Form 990) 2021

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Schedule A (Form 990) 2021 OF AMERICA Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	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 or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th		rst, second, third,	fourth, or fifth tax	vear as a section	501(c)(3) organiza	ation,
	check this box and stop here	-					
Sec	ction C. Computation of Publ						
15	Public support percentage for 2021 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	ļ			
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2020. If the						, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22						A (Form 990) 2021
				15			

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ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

1

2

3a

3b

3c

4a

4b

4c

5a

5b

Yes

No

Schedule A (Form 990) 2021 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 OF AMERICA 5	2-1248	382	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			_	
		_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing body of a supported organization?	Ŀ	11a		
b	A family member of a person described on line 11a above?	Ŀ	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail in Part VI.		11c		
Sec	tion B. Type I Supporting Organizations				
				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off 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 supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ficers,	1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.				
	supervised, or controlled the supporting organization.		2		
Sec	tion C. Type II Supporting Organizations		2		
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			103	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).		1		
Sec	tion D. All Type III Supporting Organizations		<u> </u>		
				V.	
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard.		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	uctions).			
а	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	ty (see instr	uctio	ns).	
2	Activities Test. Answer lines 2a and 2b below.			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.		2a		
b	Did the activities described 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.		2b		
-					

- **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*.
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3b | Schedule A (Form 990) 2021

3a

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ANXIETY	AND	DEPRESSION	ASSOCIATION
OF AMERI	ICA		

Sche	edule A (Form 990) 2021 OF AMERICA			52-1248820 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

Sche	dule A (Form 990) 2021 OF AMERICA			5	2-1248820 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A Part VI	Part IV, Sec line 1; Part	ental I ction A, li IV, Sectio	OF Informatio ines 1, 2, 3b, on D, lines 2 ;	3c, 4b, 4c, 5a, and 3; Part IV, 5	explanations re 6, 9a, 9b, 9c, 1 Section E, lines	quired by Part 1a, 11b, and 11 1c, 2a, 2b, 3a,	II, line 10; Par c; Part IV, Sec and 3b; Part \	t II, line 17a o ction B, lines ⁻ /, line 1; Part \	52–1248820 Pa r 17b; Part III, line 12; I and 2; Part IV, Section C, /, Section B, line 1e; Part V nal information.
SCHEDU	(See instruc	ctions.)		INE 10,					
OTHER	REFUND	S ANI	D REIME	BURSEMEN	rs				
2017 A	MOUNT:	\$	15.						
2019 A	MOUNT:	\$	3,705.	,					
2020 A	MOUNT:	\$	882.						
2021 A	MOUNT:	\$	0.						

* *	PUBLIC	DISCLOSURE	COPY	*
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Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury Internal Revenue Service
Name of the organization

Schedule B

(Form 990)

	OF	AMERICA
Organization type (che	eck on	e):

52-1248820

Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form	990) ((2021)
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Name of organization ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

Employer identification number

52-1248820

1	eded.
1 \$	(c) (d) contributions Type of contribution
No. Name, address, and ZIP + 4 Total of 2	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
2	(c) (d) contributions Type of contribution
No. Name, address, and ZIP + 4 Total of	Person X Payroll Noncash (Complete Part II for noncash contributions.)
3	(c) (d) contributions Type of contribution
\$	25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4 Total ((c) (d) contributions Type of contribution
<u>4</u> \$	100,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4 Total	(c) (d) contributions Type of contribution
	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4 Total	(c) (d) contributions Type of contribution
\$	Person Payroll

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art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is peeded	
	Noncasi i roperty (see instructions). Ose duplicate copies of i		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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1)

Schedule B (Form 990) (2021) Name of organization

	B (Form 990) (2021)			Page 4
			En	ployer identification number
	TY AND DEPRESSION ASSOC	TATION		52-1248820
Part III		tions to organizations described in s	ection 501(c)(7), (8), or (10) that	
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line ent	ry For organizations	
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
		(e) Transfer of gift	1	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
Part I				
		() -		
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee
		[
		[
(a) No. from	(b) Purpose of gift		(d) Deserint	ion of how with in hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
		(e) Transfer of gift		
	Turun farras la marras a debrasas a		Deletionship of two of	were the two meters a
	Transferee's name, address, a		Relationship of transfe	eror to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
		e) Transfer of gift	I	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee
		[
123454 11-1	11-21	24		Schedule B (Form 990) (2021)

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(Forn	HEDULE D n 990) ment of the Treasury Revenue Service	Supplementa Complete if the org Part IV, line 6, 7, 8, 9, 10 Go to www.irs.gov/Form9	tion.	OMB No. 1545-0047	
	e of the organizati	on ANXIETY AND DEPRES		ployer identification number	
Par	t I Organiza	OF AMERICA ations Maintaining Donor Advise	ed Funds or Other Similar Funds o		52-1248820
l a		n answered "Yes" on Form 990, Part IV, lir		01 /10001	
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year		-1. 6	
5	-		writing that the assets held in donor advised exclusive legal control?		Yes No
6			advisors in writing that grant funds can be us		
•	-		or donor advisor, or for any other purpose co	-	
			· · · · · · · · · · · · · · · · · · ·	-	
Par	t II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7	
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).		
	Preservation	of land for public use (for example, recrea	ation or education)	historically	/ important land area
		f natural habitat	Preservation of a	certified hi	storic structure
-		of open space			
2	Complete lines 2a day of the tax year	a b .	fied conservation contribution in the form of	a conserv	Ation easement on the last Held at the End of the Tax Yea
а				2a	
b					
			ructure included in (a)		
			after 7/25/06, and not on a historic structure		
			·		
3			leased, extinguished, or terminated by the c		n during the tax
	year 🕨				
4		where property subject to conservation ea			
5		tion have a written policy regarding the pe			
6			t holds? handling of violations, and enforcing conse		
Ū		i nours devoted to morntoring, inspecting,		a valion eas	sements during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easeme	nts during the year
	▶\$	5, I 5,	5 , 5		5 ,
8	Does each conser	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)	
9	In Part XIII, describ	be how the organization reports conservat	ion easements in its revenue and expense s	tatement a	and
			note to the organization's financial statemer	nts that des	scribes the
Dar		ounting for conservation easements.	f Art, Historical Treasures, or Oth	or Simil	lar Accote
1 61		the organization answered "Yes" on Form			
1a		-	58, not to report in its revenue statement an	d balance	sheet works
	0	, 1	blic exhibition, education, or research in furt		
			ncial statements that describes these items		
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance shee	et works of
	art, historical treas	ures, or other similar assets held for public	c exhibition, education, or research in furthe	rance of p	ublic service,
	-	ng amounts relating to these items:			
					\$
0	.,		and the similar assots for financial		
2		received or held works of art, historical tre ints required to be reported under FASB A	easures, or other similar assets for financial g	yanı, provic	JE .
а					\$
					\$
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 202
	- I 10-28-21				-
			25		

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		ANXIETY	AND DEPRE	SSIO	N ASSC	CIATIO	N			
-		m 990) 2021 OF AMER							1248820 Page:	2
Par	rt III Or	ganizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Other S	Similar As	sets(continued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection	items (check all that apply):								
а	Pub	lic exhibition	c	ı 🛄	Loan or exc	hange progra	am			
b	Sch	olarly research	e		Other					
с	Pres	servation for future generations								
4	Provide a	description of the organization's co	llections and explai	in how th	hey further t	he organizati	on's exemp	t purpose in	Part XIII.	
5	During the	e year, did the organization solicit or	receive donations	of art, hi	istorical trea	sures, or oth	er similar as	sets		
	to be sold	to raise funds rather than to be ma	intained as part of	the orga	nization's c	ollection?			Yes No	2
Par	rt IV Es	crow and Custodial Arrang	gements. Comple	ete if the	e organizatio	on answered	"Yes" on Fo	rm 990, Part	IV, line 9, or	
	rep	oorted an amount on Form 990, Par	t X, line 21.							
1a	Is the orga	anization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not inc	luded		
	on Form 9	90, Part X?							Yes No	c
b		xplain the arrangement in Part XIII a								
									Amount	
с	Beginning	balance						1c		
d	Additions	during the year						1d		
е	Distributio	ons during the year						1e		
f	Ending ba	lance						1f		
2a	Did the or	ganization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liability?	?	Ves No	C
-		xplain the arrangement in Part XIII.								_
Par	rt V En	dowment Funds. Complete if	-					<u></u>		_
			(a) Current year	(b) P	rior year	(c) I wo year	rs back (d)	Three years ba	ack (e) Four years back	<u>. </u>
1a	Beginning	of year balance		ļ						
b		ons								
С		ment earnings, gains, and losses								_
d		scholarships								_
е		enditures for facilities								
	and progra									
f		ative expenses								
g		ar balance								_
2		e estimated percentage of the curr	ent year end baland	-	g, column (a	a)) held as:				
a		signated or quasi-endowment		_%						
b		it endowment	%							
С			6							
•		ntages on lines 2a, 2b, and 2c shou								
3a		endowment funds not in the posses	ssion of the organiz	ation the	at are held a	and administe	ered for the o	organization	Yes No	_
	by:									<u> </u>
		ated organizations							3a(i)	—
	(II) Relate	ed organizations							3a(ii)	
		n line 3a(ii), are the related organiza							3b	
4 Par		n Part XIII the intended uses of the ind, Buildings, and Equipm		Jwrnent	iunas.					-
1 di		mplete if the organization answered		0. Part IV	V. line 11a. S	See Form 990). Part X. line	e 10.		
		Description of property	(a) Cost or c		·	or other	(c) Accu		(d) Book value	-
		beschption of property	basis (investr			(other)	depred		(d) BOOK value	
- 1a	Land			,		. ,	,			—
b										_
		l improvements				5,479.		5,479.	0	•
d		t			5	7,766.		9,858.	17,908	•
						3,405.		3,754.	69,651	
		1a through 1e. (Column (d) must ed		X, colur					87,559	
			. ,			,		····· F		_

Schedule D (Form 990) 2021

132052 10-28-21

ANXIETY AND DEPRESSION ASSOCIATION	1
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Schedule D (Form 990) 2021 OF AMERICA		52	-1248820 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25.)		
 Liability for uncertain tax positions. In Part XIII, provident of the second sec			that reports the
,		5	

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... X Schedule D (Form 990) 2021

132053 10-28-21

ANXIETY	AND	DEPRESSION	ASSOCIATION
OF AMERI	CD		

Sche	edule D (Form 990) 2021 OF AMERICA		1248820 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Returi	ก.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,109,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		<u>.</u>	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-15,216.
3	Subtract line 2e from line 1	3	2,125,173.
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 17,739	•	
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	17,739.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,142,912.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,325,509.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,325,509.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 17,739	•	
b			
b c		4c	17,739.
с 5	Other (Describe in Part XIII.) 4b	4c	17,739. 1,343,248.

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

PART X, LINE 2:

ADA	A BE	LIEVES	THA:	г іт	HAS	APPRO	OPRIA	TE SU	PPORT	FOR	ANY	TAX	POSI	FIONS	TAKI	EN,
AND	AS	SUCH,	DOES	NOT	HAVE	ANY	UNCE	RTAIN	TAX	POSI	FIONS	THA	T AR	E MAT	ERIA	L
тот	THE	FINANC	IAL S	STAT	EMENT	'S OR	THAT	WOUL	D HAV	VE AN	EFFE	ст о	N IT:	S TAX	-EXEI	MPT
STA	rus.	THERE	ARE	NO	UNREC	OGNIZ	ZED T	AX BE	NEFIT	S OR	LIAB	ILIT	IES /	THAT	NEED	то
BE I	RECO	RDED.														

132054 10-28-21

SCHEDULE	J Compensation Information	OMB No.	1545-00	47			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	21				
. ,	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			i			
Department of the T	Open t	o Publ	ic				
Internal Revenue Se		Inspection					
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization ANXIETY AND DEPRESSION ASSOCIATION Employer idention							
	OF AMERICA	52-124882	20				
Part I Qu	estions Regarding Compensation						
			Yes	No			
	appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,					
	ction A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	lass or charter travel Housing allowance or residence for personal						
	for companions Payments for business use of personal reside	lence					
	demnification and gross-up payments						
Disci	tionary spending account	chef)					
	boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	nent or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
	anization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
trustees, a	nd officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
0 la dia ata a							
	ich, if any, of the following the organization used to establish the compensation of the organization's						
	tive Director. Check all that apply. Do not check any boxes for methods used by a related organization	1 to					
	ompensation of the CEO/Executive Director, but explain in Part III.						
	ensation committee Written employment contract A Compensation survey or study						
·							
	290 of other organizations	nmittee					
4 During the	year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	n or a related organization:						
0	everance payment or change-of-control payment?	4a		х			
	in or receive payment from a supplemental nonqualified retirement plan?			X			
	in or receive payment from an equity-based compensation arrangement?			Х			
	any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
Only sect	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	s listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
contingen	on the revenues of:						
a The organ	ation?			Х			
b Any relate	organization?	5b		Х			
	line 5a or 5b, describe in Part III.						
6 For perso	s listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
contingen	on the net earnings of:						
a The organ	ation?	6a		Х			
	organization?			X			
	line 6a or 6b, describe in Part III.						
	s listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	ed on lines 5 and 6? If "Yes," describe in Part III			X			
	mounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
initial cont	act exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X			
	line 8, did the organization also follow the rebuttable presumption procedure described in						
	s section 53.4958-6(c)?						
LHA For Pape	work Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)) 2021			

132111 11-02-21

Schedule 1 (Form 990) 2021 OF AMER	LER.	AND CCA	DEFRESSION ASSOCIATION	NOTIVIO	52-1248820	820		Dare O
s, Trustees, Ke	old m	yees, and Highest C	Compensated Emp	loyees. Use duplica	ate copies if additional s	space is needed.		1))))
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	be re	ported on Schedule . 390, Part VII.	J, report compensat	ion from the organ	zation on row (i) and fro	om related organizatio	ins, described in the ins	structions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ed inc	dividual must equal th	ne total amount of F	orm 990, Part VII, §	section A, line 1a, appli	cable column (D) and	(E) amounts for that inc	lividual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	Ũ	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUSAN GURLEY	Ξ	194,000.	0.	.0	5,82	17,621.	217,441.	• 0
EXECUTIVE DIRECTOR	(ii)		0.					0.
(2) LISE BRAM	Ξ	137,538.	.0	.0	4,126	13,961.	155,625	•0
DEFUTI EAECUTIVE DIRECTOR	<u> </u>	•	•				•	•
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
				00			Schedt	Schedule J (Form 990) 2021

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

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Schedule J (Form 990) 2021 OF AMERICA	52-1248820 F	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	his part for any additional information.	
	Schedule J (Form 990) 2021	90) 2021

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization



52-1248820

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISORDERS AND TO IMPROVING THE LIVES OF ALL PEOPLE WHO SUFFER FROM THEM

THROUGH EDUCATION, PRACTICE, AND RESEARCH.

OF AMERICA

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO PARTICIPATE IN THE 2021 VIRTUAL CONFERENCE. THE 2021 VIRTUAL

CONFERENCE OFFERED CE/CME CREDITS AND INCLUDED SYMPOSIA, WORKSHOPS,

SESSIONS, POSTERS, AND NETWORKING EVENTS TO 800 MENTAL HEALTH

PROFESSIONALS INVOLVED IN THE FIELDS OF ANXIETY, DEPRESSION, AND

RELATED DISORDERS. A MAJORITY OF ADAA'S CONFERENCE SESSIONS ARE

PEER-REVIEWED. AS THE CONFERENCE WAS VIRTUAL, ADAA WAS ABLE TO OFFER

ALL THE VIRTUAL EDUCATION SESSIONS TO THE REGISTERED CONFERENCE

ATTENDEES FOR 60 DAYS AFTER THE END OF THE CONFERENCE. THIS DECISION

ALLOWED THE REGISTRANTS TO PARTICIPATE IN AS MANY SESSIONS AS DESIRED.

THE CDLP AWARDS ARE GIVEN TO YOUNG PROFESSIONALS, WHO ARE EITHER

RESEARCHERS OR CLINICIANS. THE GOAL IS TO PROVIDE THE AWARD WINNERS

WITH MENTORING AND UP TO DATE EVIDENCE-BASED INFORMATION TO SUPPORT

THEIR RESEARCH OF THEIR CLINICAL WORK WITH PATIENTS. THE CDLP AWARDS

PROGRAM ALSO HAS ABOUT 40-42 MENTORS WHO ARE MATCHED TO THE 40-42 AWARD

WINNERS. THE KLEIN AWARD IS GEARED TOWARDS YOUNG RESEARCHERS. TO ENSURE

GREATER INCLUSION OF APPLICANTS FOR THE CDLP AND KLEIN AWARDS PROGRAM,

ADAA APPROVED A MEASURE IN 2021, TO ALLOW BOTH MEMBERS AND NON-MEMBERS

TO APPLY FOR BOTH THE CDLP AND KLEIN AWARDS PROGRAMS. IN 2021, ADAA

CREATED THE BLACK, INDIGENOUS, AND PEOPLE OF COLOR ("BIPOC")

SCHOLARSHIP AWARDS PROGRAM TO PROVIDE ADDITIONAL MENTORING AND

EDUCATIONAL OPPORTUNITIES TO MENTAL HEALTH PROFESSIONALS IN THE BIPOC

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

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13140714 793927 17468

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Schedule O (Form 990) 2021	Page 2
Name of the organization ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA	Employer identification number $52 - 1248820$
COMMUNITY. THE BIPOC AWARDS PROGRAM PROVIDES FOR FREE MEM	BERSHIP IN
ADAA. TO DATE, ADAA HAS GIVEN OUT OVER ONE MILLION DOLLAR	S IN GRANT AND
AWARD SUPPORT.	
ADAA PROVIDES A PROFESSIONAL WEBINAR SERIES FOR TREATMENT	PROVIDERS AND
RESEARCHERS TO STAY UP TO DATE WITH THE LATEST RESEARCH A	ND TO TAKE A
CLOSER LOOK AT CHALLENGING ISSUES SO THAT THEY CAN PROVID	E BETTER
TREATMENT. IN 2021, ADAA INCREASED ITS PROFESSIONAL WEBIN	AR OFFERINGS,
INCLUDING OFFERING WEBINARS THAT PROVIDE DIVERSITY CONTIN	UING EDUCATION
(CE) CREDITS. MOST OF THE PROFESSIONAL WEBINARS PROVIDE C	E/CME
(CONTINUING MEDICAL EDUCATION) CREDIT AND CE/CME IS FREE	FOR ADAA
MEMBERS.	
IN 2021, ADAA OFFERED ITS THIRD FALL FORUM TO ENHANCE ADA	A'S
PROFESSIONAL WEBINAR OFFERINGS. UNLIKE A WEBINAR, THE FAL	L FORUM SERIES
OFFERS AN IN-DEPTH DISCUSSION ON A SPECIFIC MENTAL HEALTH	ISSUE AND
LASTS 2-3.5 HOURS. THE FORUMS PROVIDE CE/CME. THE 2021 FA	LL FORUM
FOCUSED ON DEPRESSION ACROSS THE LIFESPAN.	

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
"TRIUMPH" TO OVER 35,000 PEOPLE. IN 2021, ADAA'S PEER-TO-PEER ONLINE
ENGLISH-SPEAKING SUPPORT COMMUNITY (HEALTH UNLOCKED) GREW SIGNIFICANTLY
AND HAD OVER 75,000 USERS. ADAA'S SPANISH SPEAKING PEER-TO-PEER ONLINE
SUPPORT GROUP ALSO GREW. IN 2021, ADAA ALSO REDESIGNED ITS WEBSITE TO
OFFER BETTER ACCESSIBILITY TO THE PUBLIC AND THE PROFESSIONAL
COMMUNITY.
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CONFERENCE COMMITTEE, AND THE PUBLIC AND PROFESSIONAL EDUCATION

COMMITTEES, THE ADAA BOARD OF DIRECTORS, AND THE SCIENTIFIC COUNCIL. 132212 11-11-21 Schedule O (Form 990) 2021 33 2021.04000 ANXIETY AND DEPRESSION ASSO 17468_1

FORM 990, PART VI, SECTION A, LINE 1A:

BY A VOTE OF THE MAJORITY OF ALL THE VOTING DIRECTORS IN OFFICE, THE BOARD OF DIRECTORS MAY DESIGNATE AN EXECUTIVE COMMITTEE CONSISTING OF THE PRESIDENT, PRESIDENT-ELECT, SECRETARY, TREASURER, AND ONE OR MORE ADDITIONAL VOTING DIRECTORS APPOINTED BY THE VOTE OF A MAJORITY OF THE VOTING DIRECTORS IN OFFICE. EXCEPT AS OTHERWISE REQUIRED BY LAW OR THESE BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO AUTHORIZE THE SEAL OF THE ASSOCIATION TO BE AFFIXED TO ALL PAPERS WHICH MAY REOUIRE IT AND SHALL EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT AND SUPERVISION OF THE ASSOCIATION; PROVIDED, HOWEVER, THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN REFERENCE TO AMENDING, ALTERING OR REPEALING THE BYLAWS; ADOPTING A PLAN OF MERGER OR ADOPTING A PLAN OF CONSOLIDATION WITH ANOTHER CORPORATION; AUTHORIZING THE SALE, LEASE, EXCHANGE OR MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION; OR AMENDING, ALTERING OR REPEALING ANY RESOLUTION OF THE BOARD OF DIRECTORS WHICH BY ITS TERMS PROVIDES THAT IT SHALL NOT BE AMENDED, ALTERED OR REPEALED BY SUCH COMMITTEE.

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

THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND A DRAFT 990 WAS REVIEWED BY THE TREASURER, PRESIDENT AND EXECUTIVE DIRECTOR BEFORE FILING WITH THE IRS. A COPY OF THE 990 WAS ALSO PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING WITH THE IRS.

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

THE CHAIR OF EACH COMMITTEE OR BOARD POSSESSES COPIES OF PARTICIPATING132212 11-11-21Schedule O (Form 990) 20213413140714 793927 174682021.04000 ANXIETY AND DEPRESSION ASSO 17468_1

Schedule O (Form 990) 2021 Name of the organization ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA	Page 2 Employer identification number 52-1248820
MEMBERS CONFLICT OF INTEREST STATEMENTS. THE CHAIR IS RES	PONSIBLE FOR
ENSURING THAT DURING ANY MEETING, DISCUSSION OR VOTES HAV	E BEEN PRECEDED
WITH RECUSALS OF MEMBERS WITH POTENTIAL CONFLICTS.	

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

THE EXECUTIVE DIRECTOR IS A FULL TIME PAID POSITION WITH RESPONSIBILITY FOR THE DAY TO DAY OPERATIONS OF ADAA. THE EXECUTIVE DIRECTOR REPORTS TO THE BOARD. THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD. THE DEPUTY EXECUTIVE DIRECTOR IS A FULL TIME PAID POSITION AND ASSISTS IN THE DAILY OPERATIONS OF ADAA AND THE SALARY FOR THIS POSITION IS REVIEWED BY THE EXECUTIVE DIRECTOR. THE CURRENT SALARIES FOR THESE INDIVIDUALS ARE BASED ON COMPARING NATIONAL AND GEOGRAPHICAL AREA SALARY SURVEYS PRODUCED BY ASAE AND ASSOCIATION OF FUNDRAISING PROFESSIONALS FOR NONPROFITS WITH SIMILAR REVENUE, FOCUSING ON HEALTH. THIS PROCESS WAS DOCUMENTED. THE MOST RECENT COMPENSATION REVIEW WAS PERFORMED JUNE 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AZ,CA,GA,IL,MD,MI,NJ,NY,NC,OH,PA,RI,TX,UT,VA,WA,WI,CT

FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL	
STATEMENTS ARE AVAILABLE AT ADAA'S OFFICES MONDAY-FRIDAY DURING REGULAR	
BUSINESS HOURS IN SILVER SPRING, MD.	

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

132212 11-11-21

13140714 793927 17468

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14,173.

13,016.

Schedule O (Form 990) 2021 Name of the organization ANXIETY AND DEPRESSION ASSOCIATION	Page : Employer identification number
OF AMERICA	52-1248820
FUNDRAISING EXPENSES	1,736.
TOTAL EXPENSES	28,925
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	105,633.
MANAGEMENT AND GENERAL EXPENSES	4,188.
FUNDRAISING EXPENSES	13,049
TOTAL EXPENSES	122,870
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	151,795
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT OR	SELECTION
PROCESS DURING THE TAX YEAR.	
132212 11-11-21 36	Schedule O (Form 990) 202

		EXTENDED TO NOVEMBER 15, 2022				
Form 990-T	l E	Exempt Organization Business Income Tax Return	rn l	OMB No. 1545-0047		
	-	(and proxy tax under section 6033(e))	·· [0004		
	For cal	endar year 2021 or other tax year beginning, and ending	.	2021		
Department of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.	— I			
Internal Revenue Service	(3).	Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if		Name of organization (Check box if name changed and see instructions.)	DEmple	oyer identification number		
address changed.		ANXIETY AND DEPRESSION ASSOCIATION				
B Exempt under section	Print	OF AMERICA	5	2-1248820		
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number		
408(e) 220(e)	408(e) 220(e) 8701 GEORGIA AVENUE, 412					
408A 530(a)						
529(a) 529S	529(a) 529S SILVER SPRING, MD 20910					
		ok value of all assets at end of year • 4,883,688.		an amended return.		
G Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust				
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439				
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>		
J Enter the number of	f attach	ed Schedules A (Form 990-T)		1		
K During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
		d identifying number of the parent corporation.				
		SUSAN GURLEY Telephone number	240-	485-1001		
Part I Total Uni	relate	d Business Taxable Income				
1 Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see				
instructions)			. 1	23,903.		
2 Reserved			. 2			
3 Add lines 1 and 2				23,903.		
4 Charitable contrib	outions	(see instructions for limitation rules)		0.		
5 Total unrelated bu	usiness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	23,903.		
6 Deduction for net	operati	ng loss. See instructions	. 6			
7 Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.				
Subtract line 6 fro	m line 5	5	. 7	23,903.		
		rally \$1,000, but see instructions for exceptions)		1,000.		
9 Trusts. Section 19	99A de	duction. See instructions	. 9			
10 Total deductions	. Add li	nes 8 and 9	. 10	1,000.		
11 Unrelated busine	ess taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
enter zero			. 11	22,903.		
Part II Tax Com				1 010		
1 Organizations ta:	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	4,810.		
2 Trusts taxable at	trustr	ates. See instructions for tax computation. Income tax on the amount on				
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)				
3 Proxy tax. See ins	structio	nsl	3			
4 Other tax amounts						
5 Alternative minimu		· · · · · · · · · · · · · · · · · · ·				
•		cility income. See instructions		1 010		
		h 6 to line 1 or 2, whichever applies	. 7	4,810.		
LHA For Paperwork I	Reduct	ion Act Notice, see instructions.		Form 990-T (2021)		

123701 01-31-22

	90-T (2021)					Page 2
Part	III Tax and Payments					
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see instructions)					
с	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d				
е	Total credits. Add lines 1a through 1d			1e		
2	Subtract line 1e from Part II, line 7			2	4,8	310.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8	8697	Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).	iously de	ferred under			
	section 1294. Enter tax amount here	>		4	4,8	310.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), I	line 4		5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a	1,996.			
b	2021 estimated tax payments. Check if section 643(g) election applies	6b	2,244.			
с	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)					
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)					
g	Other credits, adjustments, and payments: Form 2439 Total	60				
7	Total payments. Add lines 6a through 6g			7	4.2	240.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		5.
9				9	F	575.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp			10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	aid	Refunded	11		
	IV Statements Regarding Certain Activities and Other Informat	tion (see				
1	At any time during the 2021 calendar year, did the organization have an interest in or				Yes	No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-			100	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	-	•			
	here		in the foreight occurry			x
2	During the tax year, did the organization receive a distribution from, or was it the grar	ntor of. o	r transferor to, a		_	
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		▶ \$			
4	Enter available pre-2018 NOL carryovers here \$ Do not in			rrvover	-	T
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by					
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NC	-				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for					
	Business Activity Code		able post-2017 NOL c		-	
	\$,	-	
	\$					
6a						X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-F					
Deat	explain in Part V					

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

			d this return, including accom In taxpayer) is based on all int				knowle	dge and belief, it is true,
Here	Signature of officer		Date	EXECU Title	TIVE DIR	ECTOR	the p	the IRS discuss this return with reparer shown below (see uctions)? X Yes No
	Print/Type preparer	s name	Preparer's signature		Date	Check	if	PTIN
Paid					self- employ	'ed		
Preparer	SEAN MCEL	WANEY						P01608821
Use Only	Firm's name 🕨 J	M&M	•		•	Firm's EIN		52-1853933
obe only		10500 LITT	LE PATUXEN	PARKWA	Y, SUITE			
	Firm's address 🕨	COLUMBIA,	MD 21044			Phone no.	41	0-884-0220
123711 01-31-2	2							Form 990-T (2021)
				38				
140714	793927 174	68	2021.04000	ANXIETY	AND DEP	PRESSIC	N Z	ASSO 174681

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SCHEI	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

OMB No. 1545-0047

501(c)(3) Organizations Only

1

A	Name of the organization	ANXIETY	AND	DEPRESSION	ASSOCIATION
	OF AMERICA				

E 41000

B Employer identification number 52-1248820

of

1

D Sequence:

C	Unrelated business activity code (see instructions)	541800

E Describe the unrelated trade or business ADVERTISING IN THE JOURNAL

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	▶ 1c			
2	Cost of goods sold (Part III, line 8)	. 2			
3	Gross profit. Subtract line 2 from line 1c	. 3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	. 4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instruction:	s) 4b			
с	Capital loss deduction for trusts	. 4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	. 5			
6	Rent income (Part IV)				
7	Unrelated debt-financed income (Part V)	. 7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)		1 700		1 700
10	Exploited exempt activity income (Part VIII)		1,700.	7 000	1,700.
11	Advertising income (Part IX)		31,003.	7,800.	23,203.
12	Other income (see instructions; attach statement)		20 802	F 000	04 000
13	Total. Combine lines 3 through 12	13	32,703.	7,800.	24,903.
Pa	IT II Deductions Not Taken Elsewhere See instru- directly connected with the unrelated business			ductions. Deductior	ns must be

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		
3	Repairs and maintenance		
4	Bad debts		
5	Interest (attach statement). See instructions		
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8a		
8	Less depreciation claimed in Part III and elsewhere on return	8b	
9	Depletion		
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 1	14	1,000.
15	Total deductions. Add lines 1 through 14	15	1,000.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	23,903.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		23,903.
I HA	For Paperwork Reduction Act Notice, see instructions.	Schedu	Ile A (Form 990-T) 2021

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Part					F
		od of inventory valua			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes
	IV Rent Income (From Real Property and				
		-	-		
1	Description of property (property street address, city, s	tate, ZIP code). Chec	ck if a dual-use. See instr	uctions.	
	В				
	c				
	D				
		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
-		an have and an Dart I		I	
5 Part 1		e instructions)			
Part		e instructions)			
Part	V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	e instructions)			
Part	V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	e instructions)			
Part	V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	e instructions)			
Part	V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1	V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, o A	e instructions)			D
Part	V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
Part 1	V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
Part 1	V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
2 3	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
Part 1 2 3 a	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
2 3	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
Part 1 2 3 a	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or a gross income from or allocable to debt-financed property Image: Comparison of address of a gross income from or allocable to debt-financed property Gross income from or allocable to debt-financed property Image: Comparison of address of a gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Image: Comparison of address of a gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Image: Comparison of address of a gross of a gros	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
Part 1 2 3 b	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
Part 1 2 3 b	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or a gross income from or allocable to debt-financed property Image: Comparison of address of a gross income from or allocable to debt-financed property Gross income from or allocable to debt-financed property Image: Comparison of address of a gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Image: Comparison of address of a gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Image: Comparison of address of a gross of a gros	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
Part 1 2 3 a b c	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
Part 1 2 3 a b c	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
Part 1 2 3 a b c 4	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
2 3 4 5	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or a base of the second property (street address, or a base of the second property (attach statement) basecond property (attach statement) bas	e instructions) ity, state, ZIP code). A	Check if a dual-use. See	e instructions.	D
2 3 4 5 6	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	D
2 3 4 5 6 7	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code). A A	Check if a dual-use. See	e instructions.	D
2 3 4 5 6	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code). A A	Check if a dual-use. See	e instructions.	D
2 3 4 5 6 7 8	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code). A A	Check if a dual-use. See	e instructions.	D
2 3 4 5 6 7 8 9	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code). A A Enter here and on P	Check if a dual-use. See	e instructions.	D
2 3 a b c 4 5 6 7 8 9 10	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or a between the second property (street address, or between the second property between the second property beductions directly connected with or allocable to debt-financed property beductions directly connected with or allocable to debt-financed property between the second property beductions (attach statement) Other deductions (attach statement) Other deductions (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D).	e instructions) ity, state, ZIP code). A A Enter here and on P ough D. Enter here ar	Check if a dual-use. See	e instructions.	D
2 3 a b c 4 5 6 7 8 9 10 11	V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A	e instructions) ity, state, ZIP code). A A Enter here and on P ough D. Enter here ar	Check if a dual-use. See	e instructions.	D

	ule A (Form 990-T) 2021 VI Interest, Annu		ovalties and P	onte fro	m Contro		rganizatio	06 (0)	a inatru a	tional		Page 3
Fait	VI Interest, Annu	nues, n	byanties, and h				Exempt Contro	(,		
1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Tot		al of specified nents made	5. Part of column 4 that is included in the controlling organiza- tion's gross income		mn 4 in the aniza-		Deductions directly connected with come in column 5		
(1)												
(2)												
(3)												
(4)												
			No	1	Controlled O	-	ions					
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mac		10. Part of that is inclusion controlling gross	luded	in the zation's		I1. Deductions directly connected with income in column 10	
(1)												
(2)												
(3)												
(4)												
Add columns 5 and 10. Enter here and on Part I, line 8, column (A)					Add columns 6 and 11. Enter here and on Part I, line 8, column (B)							
Totals						►			0.			0.
Part	VII Investment	Income	of a Section 50)1(c)(7),	(9), or (17) Orga	nization (s	ee inst	ructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly conn (attach state)	ected	4. Set (attach s			5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amor column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Totals Part					 Then Adv			, ,		<u>,</u>		0.
1	Description of exploited E		Activity Income			erusif	ig income (see in:	structions)		
2	Gross unrelated busin				ar here and (n Part I	line 10. colum	on (A)		2		1,700.
3	Expenses directly con											
Ū										3		0.
4	Net income (loss) from											
-										4		1,700.
5	Gross income from ac									5		0.
6	Expenses attributable									6		0.
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		0.

Schedule A (Form 990-T) 2021

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	ule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting		consolidated basi	is.	
	A ANXIETY AND DEPRESS	ION JOURNAL			
	в				
	c				
	D				
Enter	amounts for each periodical listed above in the co	prresponding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on P	art I, line 11, column (A)			31,003.
а			i	i	i
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on P	art I, line 11, column (B)			7,800.
			i	i	i
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8 \ldots				
5	Readership costs				
6	Circulation income	2,052.			
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the line 8a, columns to	tal or zero here ar	nd on	0
Deut	Part II, line 13			>	. 0.
Part	X Compensation of Officers, Dire	ctors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
<u>(2)</u>				%	
(3)				%	
(4)				%	
T	Federal and an Devil U. Sec. 4				0.
		· · · · ·			0.
Part	XI Supplemental Information (see	instructions)			

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52-1248820

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEES		1,000.
TOTAL TO SCHEDULE A, PART I	I, LINE 14	1,000.