

Form **990**  
Department of the Treasury  
Internal Revenue Service

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 THE MENTAL HEALTH ASSOCIATION OF NEW YORK  
 CITY INC  
 % THOMAS P BUTTACAVOLI  
 Doing business as  
 VIBRANT EMOTIONAL HEALTH

**D** Employer identification number  
 13-2637308

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 50 BROADWAY 19TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code  
 NEW YORK, NY 10004

**E** Telephone number  
 (212) 254-0333

**F** Name and address of principal officer:  
 KIMBERLY WILLIAMS  
 50 BROADWAY 19TH FLOOR  
 NEW YORK, NY 10004

**G** Gross receipts \$ 75,774,273

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ [www.vibrant.org](http://www.vibrant.org)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1964 **M** State of legal domicile: NY

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 TO PROMOTE MENTAL HEALTH CARE THROUGH SERVICE, ADVOCACY AND EDUCATION BY IDENTIFYING UNMET NEEDS AND DEVELOPING CULTURALLY SENSITIVE SOLUTIONS.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	28
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	534
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	29
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	61,979,435	72,193,511
<b>9</b> Program service revenue (Part VIII, line 2g)	2,899,516	3,320,176
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,943	258,250
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-161,305	2,336
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,745,589	75,774,273
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,740,216	9,805,888
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,607,667	25,835,612
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 246,367		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,161,090	19,037,758
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,508,973	54,679,258
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	23,236,616	21,095,015

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	44,123,776	70,393,629
<b>21</b> Total liabilities (Part X, line 26)	11,447,264	16,622,102
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	32,676,512	53,771,527

## Part II Signature Block

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

**Sign Here**

\*\*\*\*\*  
 Signature of officer  
 Date 2021-05-12

KIMBERLY WILLIAMS PRESIDENT & CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date  
 Firm's name ▶ BDO USA LLP Firm's EIN ▶  
 Firm's address ▶ 100 PARK AVENUE  
 NEW YORK, NY 100175001 Phone no. (212) 885-8000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

TO ADDRESS THE MENTAL HEALTH NEEDS IN NEW YORK CITY AND ACROSS THE NATION. MHA-NYC IS A LOCAL ORGANIZATION WITH NATIONAL IMPACT AND HAS A THREE PART MISSION OF SERVICES, ADVOCACY AND EDUCATION. (CONTINUED ON SCHEDULE O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 22,949,717 including grants of \$ 971,167 ) (Revenue \$ 1,390,128 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 14,514,596 including grants of \$ 0 ) (Revenue \$ 344,439 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 7,861,216 including grants of \$ 94,721 ) (Revenue \$ 170,294 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 3,675,027 including grants of \$ 0 ) (Revenue \$ 1,415,315 )

**4e Total program service expenses** ▶ 49,000,556

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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		No
<b>11c</b>	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		No
<b>11d</b>	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		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</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		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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		No
<b>15</b>	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		No
<b>16</b>	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		No
<b>17</b>	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)		No
<b>18</b>	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		No
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form containing sections 2a through 16 with various sub-questions and input fields. Includes a table with columns for question numbers and responses (Yes/No).

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THOMAS P BUTTACAVOLI 50 BROADWAY 19TH FL NEW YORK, NY 10004 (212) 614-5771

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .		1,684,663	206,008

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 9

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ERIK ROSKES MD, 2511 HAL CIRCLE BALTIMORE, MD 21209	Medical Services	132,655
HENRY A DLUGACZ, 99 PARK AVENUE NEW YORK, NY 10016	LEGAL	122,738
MADE BY WE, 382 HART ROAD GAITHERSBURG, MD 20878	IT SERVICES	123,949

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3



Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns. Rows include 2a-2f for NON-GOVERNMENTAL CONTRACTS, MEDICAID REVENUE, and OTHER PROGRAM REVENUE, with associated Business Codes.

Table for Other Revenue with 5 columns. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	9,367,038	9,367,038		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	438,850	438,850		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	835,567	726,163	109,404	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	20,300,234	17,827,880	2,472,354	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	496,337	409,337	87,000	
<b>9</b> Other employee benefits . . . . .	2,566,374	2,129,948	436,426	
<b>10</b> Payroll taxes . . . . .	1,637,100	1,359,534	277,566	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	72,644		72,644	
<b>c</b> Accounting . . . . .	161,034		161,034	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,812,648	9,901,551	848,576	62,521
<b>12</b> Advertising and promotion . . . . .	363,775	144,310	38,777	180,688
<b>13</b> Office expenses . . . . .	1,627,480	1,534,203	93,212	65
<b>14</b> Information technology . . . . .	1,749,021	1,578,144	170,877	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	2,328,151	2,072,400	255,751	
<b>17</b> Travel . . . . .	504,521	466,754	37,064	703
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	157,291	145,517	11,555	219
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	56,300	0	56,300	0
<b>23</b> Insurance . . . . .	142,229	89	142,140	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUPPLIES & PROG. ACTIVITIES	400,245	377,394	22,851	
<b>b</b> STAFF TRAINING & RECRUITMENT	207,646	168,204	39,347	95
<b>c</b> REPAIRS & MAINTENANCE	207,399	131,777	75,622	
<b>d</b> CLIENT FOOD, WELFARE & PROGRAM	26,335	25,234	1,101	
<b>e</b> All other expenses	221,039	196,229	22,734	2,076
<b>25</b> Total functional expenses. Add lines 1 through 24e	54,679,258	49,000,556	5,432,335	246,367
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	41,702	<b>1</b>	39,202
	<b>2</b> Savings and temporary cash investments . . . . .	25,951,144	<b>2</b>	49,560,296
	<b>3</b> Pledges and grants receivable, net . . . . .	17,483,959	<b>3</b>	12,966,732
	<b>4</b> Accounts receivable, net . . . . .	79,536	<b>4</b>	5,419,552
	<b>5</b> Loans and other 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 . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	163,306	<b>9</b>	2,055,157
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,280,828		
	<b>b</b> Less: accumulated depreciation	1,042,262		
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	109,266	<b>15</b>	114,124
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	44,123,776	<b>16</b>	70,393,629	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,222,712	<b>17</b>	7,331,612
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	4,047,986	<b>19</b>	2,152,820
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,176,566	<b>25</b>	7,137,670
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	11,447,264	<b>26</b>	16,622,102
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	31,757,076	<b>27</b>	52,764,948
	<b>28</b> Net assets with donor restrictions . . . . .	919,436	<b>28</b>	1,006,579
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	32,676,512	<b>32</b>	53,771,527	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	44,123,776	<b>33</b>	70,393,629	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	75,774,273
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	54,679,258
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	21,095,015
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	32,676,512
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	53,771,527

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-2637308

**Name:** THE MENTAL HEALTH ASSOCIATION OF NEW YORK  
CITY INC

Form 990 (2019)

---

**Form 990, Part III, Line 4a:**

NATIONAL PROGRAMS: NATIONAL SUICIDE PREVENTION LIFELINE - THE NATIONAL SUICIDE PREVENTION LIFELINE IS A FREE AND CONFIDENTIAL SERVICE FOR ANYONE IN EMOTIONAL DISTRESS OR SUICIDAL CRISIS THAT OPERATES 24/7/365. BY DIALING 1-800-273-TALK (8255), CALLERS ARE ROUTED TO THE NEAREST CRISIS CENTER IN A NATIONAL NETWORK OF 162 CRISIS CENTERS THAT PROVIDES CRISIS COUNSELING AND MENTAL HEALTH REFERRALS. THE LIFELINE ALSO PROVIDES LIFE-SAVING CRISIS SERVICES THROUGH LIFELINE CRISIS CHAT, WHICH IS AVAILABLE FROM 2 P.M. - 2 A.M., 7 DAYS A WEEK.(CONTINUED ON SCHEDULE O)

---

**Form 990, Part III, Line 4b:**

Lifenet and Crisis Services("here2help") - HERE2HELP CONNECT PROVIDES BEHAVIORAL HEALTH HOTLINE PROGRAMS OUT OF ITS NEW YORK BASED CALL CENTER. WITH SERVICES AVAILABLE BY TELEPHONE, WEBCHAT, AND TEXT MESSAGE, HERE2HELP CONNECT HANDLES MORE THAN 150,000 CONTACTS PER YEAR. MAJOR PROGRAMS INCLUDE: NEW YORK CITY WELL IS A ONE CLICK, ONE CALL CONNECTION TO COUNSELING, CRISIS INTERVENTION, PEER SUPPORT AND REFERRALS FOR TREATMENT AND SUPPORT SERVICES, SERVING NEW YORK CITY'S FIVE BOROUGHES. NYC WELL IS A FREE 24/7/365 CONFIDENTIAL MENTAL HEALTH SUPPORT FOR ALL NEW YORKERS.  
(CONTINUED ON SCHEDULE O

---

**Form 990, Part III, Line 4c:**

CHILD AND FAMILY SERVICES - THE ORGANIZATION IS COMMITTED TO WORKING WITH CHILDREN AND FAMILIES TO PROVIDE PEER TO PEER ADVOCACY, ASSISTANCE IN NAVIGATING THE CHILD-SERVING SYSTEMS OF NEW YORK CITY AND CONNECT YOUTH AND THEIR FAMILIES WITH APPROPRIATE MENTAL HEALTH SUPPORTS ALONG WITH OTHER RESOURCES. THROUGH PARENTING CLASSES, PSYCHO-EDUCATIONAL WORKSHOPS AS WELL AS SUPPORT GROUPS, OUR PROGRAMS PROVIDE A WEALTH OF INFORMATION TO FAMILIES. THE FAMILY RESOURCE CENTERS ARE LOCATED IN BRONX, MANHATTAN, AND QUEENS AND SERVE APPROXIMATELY 3,000 YOUTH AND PARENTS EACH YEAR. (CONTINUED ON SCHEDULE O)

---

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIMBERLY WILLIAMS LMSW ..... PRESIDENT & CEO	35.0 ..... 0.0			X				259,863	0	19,000
John Draper PHD ..... EXEC. VP, NATIONAL NETWORKS	35.0 ..... 0.0					X		208,207	0	26,449
Kathryn Salisbury phd ..... EXEC. VP, STRATEGY	35.0 ..... 0.0				X			195,249	0	33,728
Kristen Cutforth ..... Chief Operating Officer	35.0 ..... 0.0			X				170,457	0	28,395
Josephine Parr ..... VP-MARKETING & COMMUNICATIONS	35.0 ..... 0.0					X		160,345	0	28,189
David Koosis ..... Chief Information Officer	35.0 ..... 0.0					X		175,087	0	12,549
Anitha Iyer phd ..... Chief Clincial Officer	35.0 ..... 0.0					X		167,700	0	15,488
Jane Gushall-Walsh ..... V.P., Human Resource	35.0 ..... 0.0					X		157,301	0	15,112
Thomas Buttacavoli SEE SCH O ..... interim dir of fin./CONTROLLER	35.0 ..... 0.0			X				129,699	0	15,724
Karen Wegmann ..... cfo (eff. 9/1/19)	35.0 ..... 0.0			X				60,755	0	11,374



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER ASHLEY PhD CHAIRMAN	0.5 ..... 0.0	X		X				0	0	0
JOSEPH F PEYRONNIN III EXECUTIVE VICE CHAIR	0.5 ..... 0.0	X		X				0	0	0
MICHAEL NISSAN ESQ VICE CHAIR	0.5 ..... 0.0	X		X				0	0	0
LYNN D SHERMAN TREASURER	0.5 ..... 0.0	X		X				0	0	0
ROBERT P BORSODY ESQ SECRETARY	0.5 ..... 0.0	X		X				0	0	0
CHRISTOPHER BALESTRA DIRECTOR	0.5 ..... 0.0	X						0	0	0
PHILIP BINASO DIRECTOR (THRU 12/31/19)	0.5 ..... 0.0	X						0	0	0
Grant Brenner Director	0.5 ..... 0.0	X						0	0	0
LAWRENCE CALCANO DIRECTOR	0.5 ..... 0.0	X						0	0	0
ROBERT M CHANG DIRECTOR	0.5 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scott Cutler ..... Director	0.5 ..... 0.0	X						0	0	0
KEVIN J DANEHY ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
SETH FEUERSTEIN MD JD ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
CHARLES FITZGERALD ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
MONICA FRACZEK ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
Sander Koyfman ..... Director	0.5 ..... 0.0	X						0	0	0
Jerome Levine ..... Director	0.5 ..... 0.0	X						0	0	0
Alison Lewis ..... Director	0.5 ..... 0.0	X						0	0	0
Linda Lindman Esq ..... DIRECTOR (eff. 7/1/19)	0.5 ..... 0.0	X						0	0	0
STEPHEN MARCUS ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Keith McFarlane ..... DIRECTOR (EFF. 6/1/20)	0.5 ..... 0.0	X						0	0	0
MEYER MINTZ CPA JD LLM ..... DIRECTOR	0.0 ..... 0.0	X						0	0	0
Ron Moultrie ..... DIRECTOR (EFF. 6/1/20)	0.5 ..... 0.0	X						0	0	0
ROBERT NASH ESQ ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
Kweku Obed ..... DIRECTOR (EFF. 7/1/19)	0.5 ..... 0.0	X						0	0	0
TUHINA DE O'CONNOR ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
CORBETT A PRICE ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
JOHN D ROBINSON ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
BRUCE SCHWARTZ MD ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE MENTAL HEALTH ASSOCIATION OF NEW YORK  
CITY INC

**Employer identification number**  
13-2637308

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	15,948,868	25,300,278	38,653,968	61,979,435	72,193,511	214,076,060
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	15,948,868	25,300,278	38,653,968	61,979,435	72,193,511	214,076,060
<b>5</b>	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). . . . .						0
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						214,076,060

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . . .	15,948,868	25,300,278	38,653,968	61,979,435	72,193,511	214,076,060
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,401	3,437	28,614	27,943	258,250	320,645
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	2,336	2,336
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .						0
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						214,399,041
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	18,098,280

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.849 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.584 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-2637308

**Name:** THE MENTAL HEALTH ASSOCIATION OF NEW YORK  
CITY INC

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

**Facts And Circumstances Test**

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC

Employer identification number 13-2637308

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a sub-table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to these items.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		399,405	282,746	116,659
<b>d</b> Equipment . . . . .		881,423	759,516	121,907
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				238,566

**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-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 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	0
(2) REFUNDABLE CONTRACT ADVANCES	2,386,963
(3) PAYCHECK PROTECTION PROGRAM LOAN	4,750,707
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	7,137,670

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	75,774,273
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	75,774,273
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	75,774,273

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	54,679,258
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	54,679,258
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	54,679,258

**Part XIII Supplemental Information**

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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-2637308

**Name:** THE MENTAL HEALTH ASSOCIATION OF NEW YORK  
CITY INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	UNDER ASC 740, "INCOME TAXES", AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC. (THE "REPORTING ORGANIZATION") DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE REPORTING ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE REPORTING ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE ("IRS") FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2020, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. THE REPORTING ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC

Employer identification number 13-2637308

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 33
3 Enter total number of other organizations listed in the line 1 table 1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Stipends-NSPH other	160	230,900			
(2) Stipends-Children & Family Services	87	104,950			
(3) Stipends-Veterans Crisis Line other	103	103,000			
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	STIPENDS ARE GIVEN TO INDIVIDUALS TO HELP DEFRAY THE COST OF ATTENDING OUR PROGRAMS. ATTENDANCE IS TAKEN AND PAYMENTS ARE MADE AFTER SOMEONE PARTICIPATES. THE REPORTING ORGANIZATION MONITORS HOW THE STIPENDS ARE USED THROUGH PERFORMANCE METRICS OUTLINED IN THE AGREEMENT'S BETWEEN THE CENTERS AND THE ORGANIZATION, IN THAT EACH IS EXPECTED TO PERFORM CERTAIN ACTIVITIES AND/OR FUNCTIONS FOR A FLAT FEE, AND THE ORGANIZATION MONITORS THESE METRICS (CALL ANSWER RATES, COMPLETION OF REQUIRED TRAININGS AND ACCREDITATIONS, ETC.) AND COMMUNICATES REGULARLY WITH EACH CONTRACTED CENTER TO ASSURE THAT DELIVERABLES ARE MET.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-2637308  
**Name:** THE MENTAL HEALTH ASSOCIATION OF NEW YORK  
CITY INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEXAS HEALTH AND HUMAN SERVICES COMMISSION 4900 NORTH LAMAR Blvd AUSTIN, TX 78751	74-2638006	gov't	1,135,147				Lifeline services
RESEARCH FOUNDATION FOR MENTAL HYGIENE INC 150 BROADWAY MENANDS, NY 12201	14-1410842	501(c)(3)	720,058				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIDI HIRSCH MENTAL HEALTH SERVICES 4760 S S BLVD CULVER CITY, CA 90230	95-1816023	501(c)(3)	558,507				Lifeline services
COMMONWEALTH OF PENNSYLVANIA 400 NORTH ST HARRISBURG, PA 17120	23-1739115	gov't	476,832				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY CRISIS SERVICES INC PO BOX 149 HYATTSVILLE, MD 20781	52-1634738	501(c)(3)	471,382				Lifeline services
211 PALM BEACHTREASURE COAST INC P O BOX 3588 LANTANA, FL 33465	23-7153017	501(c)(3)	459,125				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FATHER FLANAGAN'S BOYS' HOME PO BOX 145 BOYS TOWN, NE 68010	47-0376606	501(c)(3)	438,100				Lifeline services
PRS CRISIS LINK 10455 WHITE GRANITE DR OAKTON, VA 22124	54-0880899	501(c)(3)	434,795				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REAL CRISIS INTERVENTION INC 1011 ANDERSON ST GREENVILLE, NC 27858	56-0990583	501(c)(3)	425,260				Lifeline services
COMMUNITY CRISIS SERVICES AND FOOD BANK 1121 GILBERT CT IOWA CITY, IA 55240	42-0955992	501(c)(3)	389,355				Lifeline services



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROVIDENT BEHAVIORAL HEALTH 2650 OLIVE ST ST LOUIS, MO 63103	43-0652630	501(c)(3)	310,700				Lifeline services
CENTRAL VALLEY SUICIDE PREVENTION HOTLINE 4910 E ASHLAN AVE FRESNO, CA 93726	94-1412648	501(c)(3)	285,182				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROCKY MOUNTAIN CRISIS PARTNERS 1355 S COLORADO BLVD DENVER, CO 80222	27-0544143	501(c)(3)	282,732				Lifeline services
CRISIS SUPPORT SERVICES OF NEVADA PO BOX 8016 RENO, NV 89507	88-0201840	501(c)(3)	272,470				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH 2414 BULL ST COLUMBIA, SC 29201	57-6000922	gov't	260,305				Lifeline services
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES PO BOX 30437 LANSING, MI 48909	38-6000134	gov't	220,143				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR COMMUNITY RESOURCES INC 212-214 SOUTH MAIN ST BUTLER, PA 16001	02-0585594	501(c)(3)	206,605				Lifeline services
STATE OF INDIANA DMHA PO BOX 6291007 INDIANAPOLIS, IN 462621007	35-6000158	501(c)(5)	203,887				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD ORLANDO, FL 328044714	59-0808854	501(c)(3)	188,025				Lifeline services
GOODWILL OF THE FINGER LAKES 422 S CLINTON AVE ROCHESTER, NY 146201109	27-4212702	501(c)(3)	171,495				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMON GROUND 1410 S T Rd BLOOMFIELD HILLS, MI 48302	38-1997712	501(c)(3)	170,625				Lifeline services
KANSAS SUICIDE PREVENTION HQ PO BOX 999 LAWRENCE, KS 66044	48-0778435	501(c)(3)	170,625				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESPONSE CRISIS CENTER PO BOX 300 STONY BROOK, NY 11790	11-2308470	501(c)(3)	170,625				Lifeline services
VOLUNTEERS OF AMERICA WW PO BOX 839 EVERETT, WA 98206	91-0577129	501(c)(3)	168,125				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA 735 NE 125TH ST NORTH MIAMI, FL 33161	59-1348970	501(c)(3)	128,212				Lifeline services
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH 250 WASHINGTON ST BOSTON, MA 02108	04-6002284	gov't	115,755				Lifeline services



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH PO BOX 1797 RICHMOND, VA 232181797	54-6001731	gov't	114,574				Lifeline services
KENTUCKY DEPARTMENT FOR BEHAVIORAL HEALTH 275 EAST MAIN ST FRANKFORT, KY 40621		gov't	101,379				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES 503 S KANSAS AVE TOPEKA, KS 66063		gov't	67,663				Lifeline services
STATE OF TENNESSEE 500 DEADERICK ST NASHVILLE, TN 37243	48-1124839	gov't	65,938				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH 4126 TECHNOLOGY WAY CARSON CITY, NV 89706		gov't	56,553				Lifeline services
BALTIMORE CRISIS RESPONSE INC 5124 GREENWICH AVE BALTIMORE, MD 21229	52-1799922	501(c)(3)	44,167				Lifeline services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TALBERT HOUSE 2600 VICTORY PARKWAY CINCINNATI, OH 45206	31-0713350	501(c)(3)	44,167				Lifeline services
VERMONT AGENCY OF HUMAN SERVICES 280 STATE DRIVE NOB 2 N WATERBURY, VT 056762090	03-0212039	501(c)(3)	38,525				Lifeline services

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC	Employer identification number 13-2637308
---	--

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	No No No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	No No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	No No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> KIMBERLY WILLIAMS LMSW PRESIDENT & CEO	(i)	234,863	25,000	0	19,000	0	278,863	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> John Draper PHD EXEC. VP, NATIONAL NETWORKS	(i)	200,707	7,500	0	16,375	10,074	234,656	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Kathryn Salisbury phd EXEC. VP, STRATEGY	(i)	189,249	6,000	0	25,000	8,728	228,977	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> David Koosis Chief Information Officer	(i)	169,087	6,000	0	0	12,549	187,636	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Anitha Iyer phd Chief Clinical Officer	(i)	161,700	6,000	0	5,414	10,074	183,188	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Kristen Cutforth Chief Operating Officer	(i)	164,457	6,000	0	17,026	11,369	198,852	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> Jane Gushall-Walsh V.P., Human Resource	(i)	151,301	6,000	0	5,038	10,074	172,413	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> Josephine Parr VP-MARKETING & COMMUNICATIONS	(i)	154,345	6,000	0	24,825	3,364	188,534	0
	(ii)	0	0	0	0	0	0	0

**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7:	SCHEDULE J, PART II, COLUMN (B)(II) REPORTS DISCRETIONARY INCENTIVE AMOUNTS THAT WERE APPROVED BY THE BOARD BASED UPON PERFORMANCE.

OMB No. 1545-0047

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization  
THE MENTAL HEALTH ASSOCIATION OF NEW YORK  
CITY INC

**Employer identification number**

13-2637308



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 1:</p>	<p>MHA-NYC IDENTIFIES UNMET NEEDS AND DEVELOPS CULTURALLY SENSITIVE PROGRAMS TO IMPROVE THE LIVES OF INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL ILLNESS WHILE PROMOTING THE IMPORTANCE OF MENTAL HEALTH. FORM 990, PART III, LINE 4A: LAUNCHED ON JANUARY 1, 2005 AND FUNDED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA; A DIVISION OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES), THE LIFELINE HAS ENGAGED IN A VARIETY OF INITIATIVES TO IMPROVE CRISIS SERVICES AND ADVANCE SUICIDE PREVENTION SINCE ITS INCEPTION. DISASTER DISTRESS HELPLINE - THE DISASTER DISTRESS HELPLINE (DDH) IS THE FIRST NATIONAL HOTLINE DEDICATED TO PROVIDING YEAR-ROUND DISASTER CRISIS COUNSELING. THIS TOLL-FREE, MULTILINGUAL, CONFIDENTIAL CRISIS SUPPORT SERVICE IS AVAILABLE 24/7 VIA TELEPHONE (1-800-985-5990) AND SMS (TEXT 'TALKWITHUS' TO 66746) TO RESIDENTS IN THE U.S. AND ITS TERRITORIES WHO ARE EXPERIENCING EMOTIONAL DISTRESS RELATED TO ANY NATURAL OR HUMAN-CAUSED DISASTER. HELPLINE STAFF PROVIDES COUNSELING AND SUPPORT, AS WELL AS REFERRALS TO LOCAL DISASTER-RELATED RESOURCES FOR FOLLOW-UP CARE AND SUPPORT. LAUNCHED IN FEBRUARY 2012 AND FUNDED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA; A DIVISION OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES), THE DISASTER DISTRESS HELPLINE COLLABORATES WITH NATIONAL, REGIONAL, AND LOCAL STAKEHOLDERS AND COMMUNITY PARTNERS YEAR-ROUND, TO EDUCATE THE PUBLIC ABOUT DISASTER BEHAVIORAL HEALTH AND PROVIDE RESOURCES AND CRISIS-COUNSELING BEFORE, DURING AND AFTER DISASTERS. VETERANS CRISIS LINE - THE VETERANS CRISIS LINE CONNECTS VETERANS IN CRISIS AND THEIR FAMILIES AND FRIENDS WITH EMOTIONAL SUPPORT AND CRISIS-COUNSELING THROUGH A 24/7, CONFIDENTIAL TOLL-FREE HOTLINE, ONLINE CHAT, AND TEXT-MESSAGING SERVICE THAT IS STAFFED BY PROFESSIONALS WHO ARE SPECIALLY TRAINED TO HELP VETERANS AND ACTIVE MILITARY PERSONNEL. THE VETERANS CRISIS LINE IS FUNDED BY THE DEPARTMENT OF VETERANS AFFAIRS (VA) AND WAS CREATED THROUGH AN INTER-AGENCY AGREEMENT BETWEEN LINK2HEALTH SOLUTIONS, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND THE VA. IN 2011, THE NATIONAL VETERANS SUICIDE PREVENTION HOTLINE WAS RENAMED THE VETERANS CRISIS LINE TO ENCOURAGE VETERANS AND THEIR FAMILIES AND FRIENDS TO MAKE THE CALL. NFL LIFELINE - THE NFL LIFE LINE IS A FREE, CONFIDENTIAL, CRISIS COUNSELING HOTLINE AND CHAT SERVICE THAT CONNECTS CURRENT AND FORMER NFL PLAYERS, THEIR FAMILY MEMBERS, COACHES, TEAM AND LEAGUE STAFF WITH TRAINED COUNSELORS WHO CAN HELP, 24/7. HOTLINE STAFF ASSIST MEMBERS OF THE NFL FAMILY, YEAR-ROUND, WHO ARE IN CRISIS, OR WHO NEED EMOTIONAL SUPPORT FOR SUBSTANCE ABUSE PROBLEMS, FAMILY ISSUES, PHYSICAL INJURIES OR CAREER TRANSITION ISSUES. LAUNCHED IN 2012 THROUGH A GRANT FROM THE NATIONAL FOOTBALL LEAGUE, THE NFL LIFE LINE IS OPERATED BY LINK2HEALTH SOLUTIONS IN PARTNERSHIP WITH CRISIS CENTER EXPERTS AT CENTERSTONE AND THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY. FORM 990, PART III</p>

**990 Schedule O, Organizational Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 1:</p>	<p>, LINE 4B: STAFFED WITH ENGLISH-, SPANISH-, AND CHINESE-SPEAKING BEHAVIORAL HEALTH PROFESSIONALS (AND CAN SERVE MORE THAN 150 OTHER LANGUAGES THROUGH INTERPRETOR SERVICES); THE OASAS HOPELINE, WHICH IS AVAILABLE FOR ANYONE IN NYS WHO IS STRUGGLING WITH SUBSTANCE ABUSE OR GAMBLING ADDICTION AND NEEDS A REFERRAL FOR TREATMENT; THE IHHELP: SANDY STRESS RELIEF PROGRAM, WHICH USES TECHNOLOGY BASED SOLUTIONS TO EXPAND ACCESS TO COGNITIVE BEHAVIORAL THERAPY TO NEW YORK RESIDENTS WHO ARE EXPERIENCING PROLONGED MENTAL HEALTH EFFECTS OF SUPERSTORM SANDY; THE LIFENET NYC TEEN PROGRAM ALLOWS NYC YOUTH TO ACCESS THE SAME LIFENET PROGRAM VIA SMS TEXT MESSAGE; AND THE BRAVELINE WHICH PROVIDES TELEPHONE, WEBCHAT, AND SMS TEXT MESSAGING SUPPORT TO NYC PUBLIC SCHOOL STUDENTS IMPACTED BY BULLYING. LEARN MORE ABOUT HERE 2HELP CONNECT'S PROGRAMS AND IMPACT AT <a href="http://WWW.MHAOFNYC.ORG/CRISISHOTLINES">WWW.MHAOFNYC.ORG/CRISISHOTLINES</a>. FORM 990, PART III, LINE 4C: THE ADOLESCENT SKILLS CENTERS CO-LOCATED ON SITE WITH FAMILY RESOURCE CENTERS PROVIDE EDUCATIONAL AND VOCATIONAL SERVICES TO YOUNGSTERS AGES 16-21 YEARS OF AGE WHILE ALSO ENSURING THAT THEY ARE CONNECTED TO APPROPRIATE COMMUNITY SUPPORTS. APPROXIMATELY 325 YOUNGSTERS PER YEAR ARE SERVED. SPECIALIZED PROGRAMS FOR FAMILIES SERVED BY THE CHILD WELFARE SYSTEM ARE PROVIDED THROUGH MHA'S FAMILY LINK GENERAL PREVENTIVE PROGRAM AND ITS FAMILY LINK PLUS TREATMENT AND REHABILITATION PROGRAM. FORM 990, PART III, LINE 4D: Other program services: 1) ADULT HOUSING AND REHABILITATION SERVICES - THE ORGANIZATION PROVIDES A RANGE OF HOUSING AND TREATMENT SERVICES FOR ADULTS WITH MENTAL ILLNESS. HOUSING OPTIONS INCLUDE PERMANENT SUPPORTED HOUSING IN SCATTER-SITE APARTMENTS IN MANHATTAN AND BRONX NEIGHBORHOODS, AND A HARLEM-BASED TRANSITIONAL HOUSING PROGRAM FOR PEOPLE WITH DUAL DIAGNOSES OF MENTAL ILLNESS AND SUBSTANCE USE DISORDERS. DAILY ACTIVITIES FOCUS ON BUILDING EDUCATION, VOCATIONAL, AND SOCIAL COMPETENCIES ESSENTIAL FOR INDEPENDENT LIVING IN THE COMMUNITY. EXPENSES: \$2,035,048. REVENUE: \$1,342,696. 2) PUBLIC EDUCATION AND ADVOCACY - PROVIDES MENTAL HEALTH POLICY ANALYSES, PROMOTES NEEDED SYSTEMS' REFORM, AND EDUCATES THE PUBLIC AND PROVIDERS ABOUT IDENTIFICATION OF MENTAL HEALTH NEEDS WHILE CONNECTING INDIVIDUALS TO SUPPORT AND SERVICES. MAJOR PROGRAMS INCLUDE: THE GERIATRIC MENTAL HEALTH ALLIANCE OF NEW YORK, A COALITION FOCUSED ON ADDRESSING THE GROWING MENTAL HEALTH NEEDS OF THE ELDER BOOM; THE VETERANS MENTAL HEALTH COALITION OF NEW YORK CITY, A BROAD BASED COALITION THAT PROMOTES THE MENTAL HEALTH AND WELL-BEING OF SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES; THE COORDINATED CHILDREN SERVICE INITIATIVE, WHICH ADVANCES THE DEVELOPMENT OF A COMPREHENSIVE SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH MENTAL HEALTH CHALLENGES IN NEW YORK CITY. THE CENTER HOUSES THE LARGEST LOCAL CADRE OF TRAINERS OF MENTAL HEALTH FIRST AID, A NATIONAL BEST PRACTICE PROGRAM FOR TRAINING NON-MENTAL HEALTH PROFESSIONALS IN IDENTIFYING AND RESPONDING TO MENTAL HEALTH PROBLEMS; AS W</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 1:	ELL AS AN ARRAY OF TRAINING AND TECHNICAL ASSISTANCE PROJECTS TO BUILD MENTAL HEALTH CAPACITY IN PRIMARY CARE, SENIOR CENTERS, SCHOOLS AND OTHER COMMUNITY VENUES. EXPENSES: \$1,639, 979. REVENUE: \$72,619.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B:	The Form 990 is reviewed by the Controller and CFO. The Form 990 is then presented and reviewed by the Audit Committee of the Board. Following the review by the Audit Committee, the Form 990 is filed.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C:	<p>The organization requires all officers, directors and key employees to acknowledge the conflict of interest policy and either affirm that there is no conflict or report any potential conflicts in writing annually. Employees acknowledge and affirm or report conflicts upon hiring. In September, all key employees are required, through our personnel system to affirm no conflicts or complete a form describing the potential conflict. The form is sent to our General Counsel to evaluate and take any necessary action. In December, all members of the Board of Directors are sent conflict of interest forms on which they attest that they have no conflicts or disclose any potential conflicts. Administrative staff ensures that all forms are returned. Our General Counsel evaluates all potential conflicts.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINES 15A AND 15B:	THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION OF THE EXECUTIVE STAFF, INCLUDING THE CEO, THE COO AND ALL VICE PRESIDENTS. THE CEO'S COMPENSATION PACKAGE IS RECOMMENDED BY THE COMPENSATION COMMITTEE OF THE BOARD AFTER A CAREFUL REVIEW OF THE CEO'S PERFORMANCE AND A COMPARISON WITH CEO COMPENSATION AT SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE THEN PROVIDES A REPORT TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION. THE APPROVAL IS NOTED IN THE BOARD MINUTES. THIS REVIEW PROCESS HAS BEEN ACCOMPLISHED FOR MANY YEARS AND LAST OCCURRED IN JUNE 2020.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19:	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A:	Thomas Buttacavoli began employment with the organization as Controller during May of 2018. During January 1, 2019 thru September 1, 2019 Thomas was acting Interim Director of Finance. The remainder of 2019 Thomas was the Controller of the organization. Compensation reported on Part VII is compensation related to his position as both Interim Director of Finance and Controller.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACTED SERVICES TOTAL FEES:6130586

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PROFESSIONAL FEES TOTAL FEES:4682062