

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

**B** Check if applicable:

<input checked="" type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.  
 Doing Business As VIBRANT EMOTIONAL HEALTH  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 80 PINE STREET, 19TH FLOOR  
 City or town, state or province, country, and ZIP or foreign postal code  
 NEW YORK, NY 10005

**D** Employer identification number 13-2637308

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

**F** Name and address of principal officer: ALISON LEWIS  
 80 PINE STREET, 19TH FLOOR, NEW YORK, NY 10005

**G** Gross receipts \$ 332,408,073.

**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)

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

**J** Website: WWW.VIBRANT.ORG

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

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

**H(c)** Group exemption number ▶

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROMOTE MENTAL HEALTH CARE THROUGH AN ARRAY OF SERVICE PROGRAMS, WITH ADVOCACY AND EDUCATION BY IDENTIFYING UNMET NEEDS AND DEVELOPING CULTURALLY SENSITIVE SOLUTIONS.
	<b>2</b> Check this box <input type="checkbox"/> 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> 26
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 26
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>5</b> 919
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 28
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> NONE
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) 118,776,814. 326,921,266.
	<b>9</b> Program service revenue (Part VIII, line 2g) 6,125,780. 4,429,710.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,559. 1,057,097.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE NONE
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 124,923,153. 332,408,073.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,237,245. 49,817,906.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 46,052,829. 66,693,383.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 711,740.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 66,290,916. 208,090,545.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 113,580,990. 324,601,834.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 11,342,163. 7,806,239.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) 93,299,019. 189,315,752.
	<b>21</b> Total liabilities (Part X, line 26) 20,297,690. 107,476,826.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20. 73,001,329. 81,838,926.

## 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 \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	05/14/2024		P01384178
Firm's name ▶ BDO USA	Firm's EIN ▶ 13-5381590			
Firm's address ▶ 200 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10166	Phone no. 212-885-8000			

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

4 Describe the 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 \$ 254,143,636. including grants of \$ 49,786,895. ) (Revenue \$ -1,933,758. )

NATIONAL PROGRAMS - NATIONAL SUICIDE PREVENTION LIFELINE - THE NATIONAL SUICIDE PREVENTION LIFELINE (NSPL) 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 PROVIDE 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)

4b (Code: ) (Expenses \$ 36,855,890. including grants of \$ 98. ) (Revenue \$ 3,004,957. )

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 - 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)

4c (Code: ) (Expenses \$ 8,938,691. including grants of \$ 15,256. ) (Revenue \$ 841,390. )

CHILD AND FAMILY SERVICES - THE ORGANIZATION (MHA) 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, MHA'S 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)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 3,916,173. including grants of \$ 15,657. ) (Revenue \$ 2,517,121. )

4e Total program service expenses 303,854,390.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 919</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O . . . . .</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O . . . . .</i>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (26), 1b (26), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THOMAS P. BUTTACAVOLI, 80 PINE STREET, 19TH FL, NEW YORK, NY 10005

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  X

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) KIMBERLY WILLIAMS PRESIDENT & CEO	35.00 NONE			X				483,559.	NONE	33,628.
(2) KAREN WEGMANN CHIEF FINANCIAL OFFICER	35.00 NONE			X				315,155.	NONE	14,218.
(3) KRISTEN CUTFORTH CHIEF OPERATING OFFICER	35.00 NONE			X				305,408.	NONE	15,357.
(4) GRANT M RIEWE (EFF. 2/22) CHIEF TECHNOLOGY OFFICER	35.00 NONE			X				305,233.	NONE	4,590.
(5) LISA FURST CHIEF PROGRAM OFFICER	35.00 NONE					X		244,499.	NONE	20,033.
(6) JOHN DRAPER (THRU 8/22) EXECUTIVE VP, NAT'AL NETWORKS	35.00 NONE					X		232,134.	NONE	23,593.
(7) LISA JONES-CHANDLER VP, CORPORATE EXCELLENCE	35.00 NONE					X		212,838.	NONE	26,585.
(8) JOSEPHINE PARR (THRU 11/22) SR. VP, COMMUNICATIONS	35.00 NONE					X		201,276.	NONE	11,838.
(9) MORGAN BAKER VP OF INFORMATION TECHNOLOGY	35.00 NONE					X		186,470.	NONE	24,726.
(10) JENNIFER ASHLEY, PH.D CHAIRMAN	0.50 NONE	X		X				NONE	NONE	NONE
(11) MICHAEL NISSAN, ESQ. VICE-CHAIRMAN	0.50 NONE	X		X				NONE	NONE	NONE
(12) SCOTT CUTLER VICE-CHAIRMAN	0.50 NONE	X		X				NONE	NONE	NONE
(13) LYNN D. SHERMAN TREASURER	0.50 NONE	X		X				NONE	NONE	NONE
(14) ROBERT M. CHANG SECRETARY	0.50 NONE	X		X				NONE	NONE	NONE

**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			
( 15 ) GRANT BRENNER, M.D. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 16 ) LAWRENCE CALCANO DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 17 ) TUHINA DE O'CONNOR, MS, MPH DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 18 ) KEVIN J. DANEHY DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 19 ) SETH FEUERSTEIN, M.D., J.D. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 20 ) CHARLES FITZGERALD DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 21 ) MONICA J. FRACZEK, CPA DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 22 ) SANDER KOYFMAN, M.D. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 23 ) ALISON LEWIS DIRECTOR (THRU 3/23)	0.50 NONE	X						NONE	NONE	NONE
( 24 ) JEROME LEVINE, ESQ. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 25 ) LINDA LINDMAN, ESQ. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b>								2,486,572.	NONE	174,568.
<b>c Total from continuation sheets to Part VII, Section A</b>								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b>								2,486,572.	NONE	174,568.

**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 **▶** 48

	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> . . . . .		
<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> . . . . .		
<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> . . . . .		

**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

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



**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			
( 26 ) STEVEN L. MARCUS, CPA DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 27 ) SAYO MARTIN DIRECTOR (EFF. 6/22)	0.50 NONE	X						NONE	NONE	NONE
( 28 ) KEITH MCFARLANE DIRECTOR (THRU 6/23)	0.50 NONE	X						NONE	NONE	NONE
( 29 ) MEYER MINTZ, CPA, JD, LL.M. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 30 ) ROBERT NASH, ESQ. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 31 ) KWEKU OBED, CFA, CAIA DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 32 ) JOSEPH F. PEYRONNIN, III DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 33 ) CORBETT A. PRICE DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 34 ) JOHN D. ROBINSON DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 35 ) BRUCE J. SCHWARTZ, M.D. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 36 ) DR. FLORIDA E. STARKS DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
<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> . . . . .										

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 ▶

	Yes	No
3 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> . . . . .	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	
5 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> . . . . .	5	

**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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for PATRICIA DERRICO WILBER, DIRECTOR.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry 'SEE SCHEDULE O'.

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	313,444,951.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	13,476,315.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			326,921,266.			
<b>Program Service Revenue</b>	<b>2a</b>	NON-GOVERNMENTAL CONTRACTS	Business Code	624200	4,203,279.	4,203,279.		
	<b>b</b>	MEDICAID REVENUE		624200	-78,887.	-78,887.		
	<b>c</b>	OTHER PROGRAM REVENUE		624200	305,318.	305,318.		
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue . . . . .						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .			4,429,710.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			1,057,097.		1,057,097.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			NONE			
	<b>5</b>	Royalties . . . . .			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .			NONE			
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
<b>d</b>	Net gain or (loss) . . . . .			NONE				
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		NONE				
<b>c</b>	Net income or (loss) from fundraising events . . . . .			NONE				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>		NONE				
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE				
<b>Miscellaneous Revenue</b>	<b>11a</b>		Business Code					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			NONE			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			332,408,073.	4,429,710.		1,057,097.	

**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  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	49,500,897.	49,500,897.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	317,009.	317,009.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,873,195.	1,578,741.	294,454.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	50,449,235.	42,523,643.	7,925,592.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,527,505.	2,124,701.	402,804.	
9 Other employee benefits . . . . .	7,185,966.	6,040,751.	1,145,215.	
10 Payroll taxes . . . . .	4,657,482.	3,915,227.	742,255.	
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	1,315,220.		1,315,220.	
c Accounting . . . . .	159,072.		159,072.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	SEE SCHE O 186,974,249.	182,275,828.	4,012,670.	685,751.
12 Advertising and promotion . . . . .	3,231,450.	1,141,267.	2,078,683.	11,500.
13 Office expenses . . . . .	3,322,098.	3,196,638.	120,130.	5,330.
14 Information technology. . . . .	7,102,649.	6,688,304.	413,987.	358.
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	3,089,518.	2,851,896.	237,622.	
17 Travel . . . . .	582,348.	487,023.	93,837.	1,488.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	290,185.	242,685.	46,759.	741.
20 Interest . . . . .	NONE			
21 Payments to affiliates. . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	131,381.		131,381.	
23 Insurance . . . . .	266,055.	1,875.	264,180.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a STAFF TRAINING & RECRUITMENT	863,058.	439,397.	423,407.	254.
b SUPPLIES & PROG. ACTIVITIES	397,473.	361,431.	36,042.	NONE
c REPAIRS & MAINTENANCE	69,141.	59,581.	9,560.	NONE
d EQUIP. RENTAL	42,197.	29,663.	12,534.	NONE
e All other expenses	254,451.	77,833.	170,300.	6,318.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	324,601,834.	303,854,390.	20,035,704.	711,740.
<b>26 Joint costs.</b> 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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	23,130.	<b>1</b>	3,346,121.
	<b>2</b> Savings and temporary cash investments . . . . .	66,932,260.	<b>2</b>	29,557,114.
	<b>3</b> Pledges and grants receivable, net . . . . .	14,110,803.	<b>3</b>	22,800,126.
	<b>4</b> Accounts receivable, net . . . . .	5,689,165.	<b>4</b>	60,380,778.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<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) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,310,656.	<b>9</b>	379,881.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,001,571.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> NONE	<b>10c</b>	1,001,571.
	<b>11</b> Investments - publicly traded securities . . . . .	NONE	<b>11</b>	41,389,542.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	101,624.	<b>15</b>	30,460,619.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	93,299,019.	<b>16</b>	189,315,752.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,647,054.	<b>17</b>	17,671,268.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	2,830,776.	<b>19</b>	8,301,873.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<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 . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	1,106,920.	<b>24</b>	NONE
	<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 . . . . .	3,712,940.	<b>25</b>	81,503,685.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	20,297,690.	<b>26</b>	107,476,826.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	73,001,329.	<b>27</b>	81,838,926.
	<b>28</b> Net assets with donor restrictions . . . . .	NONE	<b>28</b>	NONE
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<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 . . . . .	73,001,329.	<b>32</b>	81,838,926.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	93,299,019.	<b>33</b>	189,315,752.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	332,408,073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	324,601,834.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,806,239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73,001,329.
5	Net unrealized gains (losses) on investments	5	1,031,358.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	81,838,926.

**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 on 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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form 990 (2022)

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2022**

**Open to Public  
Inspection**

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).)
- 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2022

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 99.78%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 99.83%; 16a 33 1/3% support test - 2022. 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. [X]; 16b 33 1/3% support test - 2021. 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 - 2022. 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; 17b 10%-facts-and-circumstances test - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 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 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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>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>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<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>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>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<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>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>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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>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>		

**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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<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>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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. Answer lines 3a and 3b below.		
<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>If "Yes" or "No," 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>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 ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035.	<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 0.85 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).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .			
b	From 2018 . . . . .			
c	From 2019 . . . . .			
d	From 2020 . . . . .			
e	From 2021 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . . .			
b	Excess from 2019 . . . .			
c	Excess from 2020 . . . .			
d	Excess from 2021 . . . .			
e	Excess from 2022 . . . .			

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.	Employer identification number 13-2637308
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.</b>	<b>Employer identification number</b> 13-2637308
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	N/A   	\$ 252,080,621.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
2	N/A   	\$ 40,334,784.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
3	N/A   	\$ 14,153,951.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
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	   	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
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	   	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
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<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
	   	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								

Name of organization <b>THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.</b>	<b>Employer identification number</b> 13-2637308
--	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.</b>	Employer identification number <b>13-2637308</b>
--	---

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held at end of tax year, and various questions.

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 with questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures, including dollar amounts.

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

Schedule D (Form 990) 2022

**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 make 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 program
- 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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 on 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 Term 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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
1a Land				
b Buildings				
c Leasehold improvements		NONE	NONE	NONE
d Equipment		NONE	NONE	NONE
e Other		1,001,571.	NONE	1,001,571.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,001,571.

**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) RIGHT OF USE ASSETS	30,358,995.
(2) SECURITY DEPOSITS	101,624.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	30,460,619.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	31,779,045.
(3) DUE TO SUB-AWARD RECIPIENTS	49,724,640.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	81,503,685.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 332,408,073.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 324,601,834.

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.

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

UNDER U.S. GAAP, 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 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 ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 INFORMATIONAL RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2023, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF JUNE 30, 2023, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**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](http://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**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> EMPACT - SUICIDE PREVENTION CENTER 618 S. MADISON DRIVE TEMPE, AZ 85281	74-2562293	501(C)(3)	15,429,749.				LIFELINE SERVICES
<b>(2)</b> BEACON HEALTH OPTIONS 5800 NORTHAMPTON BLVD. NORFOLK, VA 23502	04-3496741		15,330,700.				LIFELINE SERVICES
<b>(3)</b> CRISIS TEXT LINE, INC. 24 WEST 25TH STREET NEW YORK, NY 10010	46-5039599	501(C)(3)	13,721,000.				LIFELINE SERVICES
<b>(4)</b> THE TREVOR PROJECT, INC. P.O. BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	10,312,932.				LIFELINE SERVICES
<b>(5)</b> HEARTLINE 2401 NW 23RD STREET OKLAHOMA CITY, OK 73107	73-0800311	501(C)(3)	5,841,763.				LIFELINE SERVICES
<b>(6)</b> COMMUNITY CRISIS SERVICES, INC. P.O. BOX 149 HYATTSVILLE, MD 20781	52-1634738	501(C)(3)	5,572,253.				LIFELINE SERVICES
<b>(7)</b> CENTERSTONE P.O. BOX 197520 NASHVILLE, TN 37219-6603	62-1674308	501(C)(3)	5,434,729.				LIFELINE SERVICES
<b>(8)</b> DEAFLEAD 105 BRIGHT STAR DRIVE COLUMBIA, MO 65203	43-1688120	501(C)(3)	4,816,823.				LIFELINE SERVICES
<b>(9)</b> COMMUNITY CRISIS SERVICES AND FOOD BANK 1121 GILBERT CT. IOWA CITY, IA 52240-4528	42-0955992	501(C)(3)	4,074,613.				LIFELINE SERVICES
<b>(10)</b> CONTACT CARE LINE, INC. P.O. BOX 4641 OAK RIDGE, TN 37831-4641	62-0912261	501(C)(3)	4,035,450.				LIFELINE SERVICES
<b>(11)</b> FIRST CHOICE SERVICES, INC. 1 HILLCREST DRIVE CHARLESTON, WV 25311	26-2900507	501(C)(3)	4,031,550.				LIFELINE SERVICES
<b>(12)</b> WELLSPACE HEALTH 777 12TH STREET SACRAMENTO, CA 95814	94-1713704	501(C)(3)	3,958,000.				LIFELINE SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 131

3 Enter total number of other organizations listed in the line 1 table 16

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://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**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PRS CRISIS LINK 10455 WHITE GRANITE DR. OAKTON, VA 22124	54-0880899	501(C)(3)	3,933,765.				LIFELINE SERVICES
<b>(2)</b> VOLUNTEERS OF AMERICA WW P.O. BOX 839 EVERETT, WA 98201	91-0577129	501(C)(3)	3,847,872.				LIFELINE SERVICES
<b>(3)</b> DIDI HIRSCH MENTAL HEALTH SERVICES 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)	3,482,649.				LIFELINE SERVICES
<b>(4)</b> A BETTER WAY SERVICES, INC. P.O. BOX 734 MUNCIE, IN 47308	35-0868081	501(C)(3)	3,237,206.				LIFELINE SERVICES
<b>(5)</b> JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA 12000 BISCAYNE BLVD. MIAMI, FL 33181	59-0637867	501(C)(3)	3,176,414.				LIFELINE SERVICES
<b>(6)</b> GRASSROOTS CRISIS INTERVENTION CENTER 6700 FREETOWN ROAD COLUMBIA, MD 21044	52-0909351	501(C)(3)	3,089,150.				LIFELINE SERVICES
<b>(7)</b> 211 PALM BEACH/TREASURE COAST, INC. P.O. BOX 3588 LANTANA, FL 33465-3588	23-7153017	501(C)(3)	2,992,110.				LIFELINE SERVICES
<b>(8)</b> RESPONSE CRISIS CENTER P.O. BOX 300 STONY BROOK, NY 11790	11-2308470	501(C)(3)	2,954,948.				LIFELINE SERVICES
<b>(9)</b> PROTOCOL SERVICES, INC. 621 SW ALDER PORTLAND, OR 97025	91-1829097		2,673,350.				LIFELINE SERVICES
<b>(10)</b> REAL CRISIS INTERVENTION INC. 1310 E ARLINGTON BLVD. GREENVILLE, NC 27858	56-0990583	501(C)(3)	2,078,100.				LIFELINE SERVICES
<b>(11)</b> 211 TAMPA BAY CARES 5500 RIO VISTA DRIVE CLEARWATER, FL 33760	59-3355555	501(C)(3)	2,031,650.				LIFELINE SERVICES
<b>(12)</b> NETCARE ACCESS 199 SOUTH CENTRAL AVENUE COLUMBUS, OH 43223	31-0814079	501(C)(3)	1,948,000.				LIFELINE SERVICES

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

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

Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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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**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> RUTGERS, THE STATE UNIVERSITY DBA 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	1,825,000.				LIFELINE SERVICES
<b>(2)</b> CRISIS SUPPORT SERVICES OF NEVADA P.O. BOX 8016 RENO, NV 89507	88-0201840	501(C)(3)	1,624,324.				LIFELINE SERVICES
<b>(3)</b> TALBERT HOUSE 2600 VICTORY PARKWAY CINCINNATI, OH 45206	31-0713350	501(C)(3)	1,547,000.				LIFELINE SERVICES
<b>(4)</b> PROVIDENT BEHAVIORAL HEALTH 2650 OLIVE STREET ST. LOUIS, MO 63103	43-0652630	501(C)(3)	1,505,941.				LIFELINE SERVICES
<b>(5)</b> LINES FOR LIFE 5100 SW MACADAM AVENUE PORTLAND, OR 97239	93-0725294	501(C)(3)	1,502,526.				LIFELINE SERVICES
<b>(6)</b> FATHER FLANAGAN'S BOYS' HOME P.O. BOX 145 BOYS TOWN, NE 68010-0145	47-0376606	501(C)(3)	1,449,000.				LIFELINE SERVICES
<b>(7)</b> GRYPHON PLACE 3245 SOUTH 8TH STREET KALAMAZOO, MI 49009	38-2808685	501(C)(3)	1,306,048.				LIFELINE SERVICES
<b>(8)</b> BEHAVIORAL HEALTH RESPONSE, INC. 5501 DELMAR BLVD. ST. LOUIS, MO 63112	43-1718980	501(C)(3)	1,287,982.				LIFELINE SERVICES
<b>(9)</b> CONTACT OF MERCER COUNTY 60 S. MAIN STREET PENNINGTON, NJ 08534	22-2320153	501(C)(3)	1,281,375.				LIFELINE SERVICES
<b>(10)</b> SOLARI, INC. 1275 W. WASHINGTON STREET TEMPE, AZ 85281	26-0446321	501(C)(3)	1,258,000.				LIFELINE SERVICES
<b>(11)</b> GOODWILL OF THE FINGER LAKES 422 SOUTH CLINTON AVE. ROCHESTER, NY 14620	27-4212702	501(C)(3)	1,213,650.				LIFELINE SERVICES
<b>(12)</b> COMMON GROUND 1410 S TELEGRAPH BLOOMFIELD HILLS, MI 48302	38-1997712	501(C)(3)	1,081,625.				LIFELINE SERVICES

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**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](http://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**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CENTER FOR COMMUNITY RESOURCES, INC. 212-214 SOUTH MAIN STREET BUTLER, PA 16001	42-0955992	501(C)(3)	823,100.				LIFELINE SERVICES
<b>(2)</b> EVERYMIND 1000 TWINBROOK PKWY. ROCKVILLE, MD 20851	52-0681147	501(C)(3)	658,395.				LIFELINE SERVICES
<b>(3)</b> MENTAL HEALTH AND ANTI ADDICTION P.O. BOX 607087 BAYAMON, PR 00960-7087	66-0559418		299,145.				LIFELINE SERVICES
<b>(4)</b> MENTAL HEALTH AMERICA WABASH VALLEY REGION 914 SOUTH STREET LAFAYETTE, IN 47901	38-3653969	501(C)(3)	289,000.				LIFELINE SERVICES
<b>(5)</b> MASA-MEXED INC. 2770 THIRD AVENUE 1ST FLOOR BRONX, NY 10455	11-3640210	501(C)(3)	172,358.				CHILD AND FAMILY SVC
<b>(6)</b> KOREAN AMERICAN FAMILY SERVICE CENTER P.O. BOX 541429 FLUSHING, NY 11354	83-1023370	501(C)(3)	161,033.				CHILD AND FAMILY SVC
<b>(7)</b> SHELTERING ARMS CHILDREN & FAMILY SRVCS INC 25 BROADWAY 18TH FLOOR NEW YORK, NY 10004	13-3709095	501(C)(3)	151,393.				CHILD AND FAMILY SVC
<b>(8)</b> HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 32804	59-0808854	501(C)(3)	129,746.				LIFELINE SERVICES
<b>(9)</b> JEWISH BOARD OF FAMILY & CHILDREN SRVCS 226 LINDA AVENUE HAWTHORNE, NY 10532	13-5564937	501(C)(3)	84,338.				CHILD AND FAMILY SVC
<b>(10)</b> COMMERCIAL TECH. CONTRACTORS INCORPORATED 152 HURON AVENUE CLIFTON, NJ 07013	22-2522459		82,429.				LIFELINE SERVICES
<b>(11)</b> EMERGENCE HEALTH NETWORK 201 E. MAIN STREET EL PASO, TX 79901	74-1596159	501(C)(3)	82,144.				LIFELINE SERVICES
<b>(12)</b> CENTER FOR COURT INNOVATION 520 EIGHTH AVENUE NEW YORK, NY 10018	85-2810883	501(C)(3)	79,500.				CHILD AND FAMILY SVC

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

3 Enter total number of other organizations listed in the line 1 table . . . . .

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://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**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> INFO-TECH RESEARCH GROUP INC. 3960 HOWARD HUGHES PKWY LAS VEGAS, NV 89169	20-4312071		76,140.				LIFELINE SERVICES
<b>(2)</b> RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 150 BROADWAY MENANDS, NY 12204	14-1410842	501(C)(3)	75,819.				LIFELINE SERVICES
<b>(3)</b> MENTAL HEALTH AMERICA OF GREENVILLE COUNTY 130 INDUSTRIAL DR. GREENVILLE, SC 29607	57-0955844	501(C)(3)	20,000.				LIFELINE SERVICES
<b>(4)</b> PATH CRISIS CENTER 201 EAST GROVE BLOOMINGTON, IL 61701	37-0959387	501(C)(3)	20,000.				LIFELINE SERVICES
<b>(5)</b> COLEMAN HEALTH SERVICES 5982 RHODES ROAD KENT, OH 44240	34-1240178	501(C)(3)	17,000.				LIFELINE SERVICES
<b>(6)</b> BEHAVIORAL HEALTH LINK 1201 PEACHTREE STREET ATLANTA, GA 30361	58-2224682		16,000.				LIFELINE SERVICES
<b>(7)</b> CONTACT COMMUNITY SERVICES 6311 COURT ST. ROAD EAST SYRACUSE, NY 13057	16-0984299	501(C)(3)	16,000.				LIFELINE SERVICES
<b>(8)</b> FAMILY SERVICES CRISIS CENTER P.O. BOX 22308 GREEN BAY, WI 54305-2308	39-0827320	501(C)(3)	16,000.				LIFELINE SERVICES
<b>(9)</b> GREATER TWIN CITIES UNITED WAY 404 S 8TH STREET MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	16,000.				LIFELINE SERVICES
<b>(10)</b> ROCKY MOUNTAIN CRISIS PARTNERS 1355 S. COLORADO BLVD C900 DENVER, CO 80222	27-0544143	501(C)(3)	16,000.				LIFELINE SERVICES
<b>(11)</b> SUICIDE PREVENTION CENTER 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)	16,000.				LIFELINE SERVICES
<b>(12)</b> VIA LINK CALL CENTER 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	72-0706669	501(C)(3)	16,000.				LIFELINE SERVICES

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<b>(1)</b> THE HARRIS CENTER FOR MENTAL HLTH & IDD 9401 SW FREEWAY HOUSTON, TX 77074	74-1603950	501(C)(3)	15,000.				LIFELINE SERVICES
<b>(2)</b> THE OPPORTUNITY ALLIANCE 50 LYDIA LANE SOUTH PORTLAND, ME 04106	01-0274725	501(C)(3)	15,000.				LIFELINE SERVICES
<b>(3)</b> FOUNDATION 2, INC. 1714 JOHNSON AVE. NW CEDAR RAPIDS, IA 52405	42-1078444	501(C)(3)	14,000.				LIFELINE SERVICES
<b>(4)</b> IDAHO SUICIDE PREVENTION HOTLINE 1607 W JEFFERSON STREET BOISE, ID 83702	81-6035382	501(C)(3)	14,000.				LIFELINE SERVICES
<b>(5)</b> 2-1-1 HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(6)</b> ALACHUA COUNTY CRISIS CENTER 218 SE 24TH ST GAINESVILLE, FL 32641	59-6000501		12,000.				LIFELINE SERVICES
<b>(7)</b> BALTIMORE CRISIS RESPONSE, INC. 5124 GREENWICH AVENUE BALTIMORE, MD 21229	52-1799922	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(8)</b> BUCKELEW SUICIDE PREVENTION PROGRAM 201 ALAMEDA DEL PRADO NOVATO, CA 94949	23-7088977	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(9)</b> CALL2TALK 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(10)</b> CENTERSTONE CRISIS CARE SERVICES 44 VANTAGE WAY NASHVILLE, TN 37228	62-1674308	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(11)</b> CONTRA COSTA CRISIS CENTER P.O. BOX 3364 WALNUT CREEK, CA 94598	94-1747227	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(12)</b> CRISIS SERVICES 100 RIVER ROCK DRIVE BUFFALO, NY 14207	16-0956222	501(C)(3)	12,000.				LIFELINE SERVICES

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<b>(1)</b> DUPAGE COUNTY HEALTH DEPARTMENT 115 N COUNTY FARM ROAD WHEATON, IL 60187	36-6006553		12,000.				LIFELINE SERVICES
<b>(2)</b> FAMILY SERVICE ASSOC. OF BUCKS COUNTY 4 CORNERSTONE DRIVE LANGHORNE, PA 19047	23-1427224	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(3)</b> FIRST CALL FOR HELP OF ITASCA COUNTY 1007 NW 4TH STREET GRAND RAPIDS, MN 55744	36-3541015	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(4)</b> HEADREST 14 CHURCH STREET LEBANON, NH 03766	23-7256865	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(5)</b> HELP 4WV, 1 HILLCREST DR. E. CHARLESTON, WV 25311	26-2900507	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(6)</b> HUNTSMAN MENTAL HEALTH INST. CALL CENTER 501 CHIPETA WAY SALT LAKE CITY, UT 84108	87-6000525	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(7)</b> INTEGRAL CARE 1430 COLLIER STREET AUSTIN, TX 78704	74-1547909	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(8)</b> NEW MEXICO CRISIS AND ACCESS LINE 621 SW ALDER ST #400 NE PORTLAND, OR 97205	91-1829097		12,000.				LIFELINE SERVICES
<b>(9)</b> PERSONAL ENRICHMENT 11254 58TH STREET N PINELLAS PARK, FL 33782	59-3153549	501(C)(3)	12,000.				LIFELINE SERVICES
<b>(10)</b> 71 VISUALS 95 OSER AVENUE HAUPPAUGE, NY 11788	11-2415902		11,614.				LIFELINE SERVICES
<b>(11)</b> 2-1-1/UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HWY ROCKY HILL, CT 06067	06-1084194	501(C)(3)	11,000.				LIFELINE SERVICES
<b>(12)</b> COUNTY OF SANTA CLARA 70 W. HEDDING STREET SAN JOSE, CA 95110	94-6000533	501(C)(3)	11,000.				LIFELINE SERVICES

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<b>(1)</b> CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY P.O. BOX 3120 OAKLAND, CA 94609	94-1635658	501(C)(3)	11,000.				LIFELINE SERVICES
<b>(2)</b> KANSAS SUICIDE PREVENTION HQ P.O. BOX 999 LAWRENCE, KS 66044	48-0778435	501(C)(3)	11,000.				LIFELINE SERVICES
<b>(3)</b> MICHIGAN CRISIS AND ACCESS LINE- MICAL 1410 TELEGRAPH BLOOMFIELD HILLS, MI 48302	38-1997712	501(C)(3)	11,000.				LIFELINE SERVICES
<b>(4)</b> UNITED BEHAVIORAL HEALTH 3131 CAMINO DEL RIO SAN DIEGO, CA 92108	94-2649097		11,000.				LIFELINE SERVICES
<b>(5)</b> BOYS TOWN NATIONAL HOTLINE 13940 GUTOWSKI ROAD BOYS TOWN, NE 68010	47-0376606	501(C)(3)	10,000.				LIFELINE SERVICES
<b>(6)</b> CRISIS CENTER, INC. 3620 8TH AVENUE SOUTH BIRMINGHAM, AL 35222	35-1324480	501(C)(3)	10,000.				LIFELINE SERVICES
<b>(7)</b> THE CITY OF PHILADELPHIA THRU THE DEPT. OF 801 MARKET STREET PHILADELPHIA, PA 19107	23-6003047		10,000.				LIFELINE SERVICES
<b>(8)</b> 2-1-1 BIG BEND P.O. BOX 10950 TALLAHASSEE, FL 32302	51-0201771	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(9)</b> 211 BREVARD P.O. BOX 561627 ROCKLEDGE, FL 32956	59-1897447	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(10)</b> 2-1-1/ LIFELINE GOODWILL OF THE FINGER LAKE 422 S CLINTON AVENUE ROCHESTER, NY 14620	27-4212702	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(11)</b> BALTIMORE COUNTY CRISIS RESPONSE SYSTEM 12200 TECH ROAD SILVER SPRING, MD 20904	52-1729566	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(12)</b> CENTRAL VALLEY SUICIDE PREVENTION HOTLINE 4910 E ASHLAN AVENUE FRESNO, CA 93726	94-1412648	501(C)(3)	9,000.				LIFELINE SERVICES

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<b>(1)</b> CENTRAL WYOMING COUNSELING CENTER 1430 WILKINS CIRCLE CASPER, WY 82601	83-0186967	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(2)</b> CENTRE HELPS 410 S. FRASER ST. STATE COLLEGE, PA 16802	25-1232170	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(3)</b> CONTACT HELPLINE P.O. BOX 1304 COLUMBUS, MS 39703	51-0194729	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(4)</b> CONTACT THE CRISIS LINE P.O. BOX 5192 JACKSON, MS 39296	64-0564104	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(5)</b> CRISIS AND INFORMATION LINE 1100 WALNUT STREET OWENSBORO, KY 42301	61-0668290	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(6)</b> CRISIS CONNECTIONS 2901 3RD AVENUE SEATTLE, WA 98121	91-1020106	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(7)</b> CRISIS CONTACT 101 N. MONTGOMERY STREET GARY, IN 46403	35-1324480	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(8)</b> CUMBERLAND RIVER BEHAVIORAL HEALTH P.O. BOX 568 CORBIN, KY 40702	23-7313241	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(9)</b> EASTERN SHORE CRISIS RESPONSE SERVICES 12200 TECH ROAD SILVER SPRING, MD 20904	52-1729566	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(10)</b> FOUR RIVERS BEHAVIORAL HEALTH 1539 CUBA ROAD MAYFIELD, KY 42066	61-0659633	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(11)</b> FREDERICK COUNTY HOTLINE 226 S. JEFFERSON STREET FREDERICK, MD 21701	52-0968521	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(12)</b> FRONTIER BEHAVIORAL HEALTH 107 S. DIVISION SPOKANE, WA 99202	91-0853801	501(C)(3)	9,000.				LIFELINE SERVICES

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<b>(1)</b> FRONTIER HEALTH MOBILE CRISIS RESPONSE 1167 SPRATLIN PARK DRIVE GRAY, TN 37615	62-0582605	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(2)</b> HAWAII CARES P.O. BOX 3378 HONOLULU, HI 96801	99-6000354		9,000.				LIFELINE SERVICES
<b>(3)</b> HELPLINE CENTER 1000 N. WEST AVE. SIOUX FALLS, SD 57104	23-7424387	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(4)</b> ICARE CALL CENTER OF MHRM OF TARRANT COUNTY 3840 HULEN STREET FORT WORTH, TX 76107	75-1249456		9,000.				LIFELINE SERVICES
<b>(5)</b> JOHNSON COUNTY CRISIS LINE 6000 LAMAR AVENUE MISSION, KS 66202	48-0678625		9,000.				LIFELINE SERVICES
<b>(6)</b> LIFE CRISIS CENTER P.O. BOX 387 SALISBURY, MD 21803	52-1147731	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(7)</b> LIFELINES P.O. BOX 91068 EAST MOBILE, AL 36691	63-0388685	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(8)</b> MEMPHIS CRISIS CENTER P.O. BOX 40068 MEMPHIS, TN 38174	23-7193652	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(9)</b> MENTAL HEALTH ASSOC. IN ORANGE COUNTY, INC. 73 JAMES P. KELLY WAY MIDDLETOWN, NY 10940	14-6024124	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(10)</b> NORTHWESTERN COUNSELING & SUPPORT SERVICES 107 FISHER POND ROAD ST. ALBANS, VT 05478	03-0210542	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(11)</b> OZARK CENTER 3006 MCCLELLAND BOULEVARD JOPLIN, MO 64804	43-0821959	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(12)</b> PATHWAYS OF CENTRAL OHIO 1627 BRYN MAWR DRIVE NEWARK, OH 43055	31-0836725	501(C)(3)	9,000.				LIFELINE SERVICES

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- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PENNYROYAL CENTER P.O. BOX 614 HOPKINSVILLE, KY 42241-0614	61-0662739	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(2)</b> PORTAGE PATH BEHAVIORAL 340 S. BROADWAY STREET AKRON, OH 44308	34-1096055	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(3)</b> SAN FRANCISCO SUICIDE PREVENTN FELTON INST P.O. BOX 191350 SAN FRANCISCO, CA 94119	94-1581618	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(4)</b> SUICIDE PREVENTION AND CRISIS 124 E. COURT STREET ITHACA, NY 14850	16-0992587	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(5)</b> SUICIDE PREVENTION OF YOLO COUNTY 1784 PICASSO AVENUE SUITE A DAVIS, CA 95618	94-2619492	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(6)</b> THE CRISIS CNTR OF FAMILY & CHILDREN'S SRVC 2400 CLIFTON AVENUE NASHVILLE, TN 37209	62-0499284	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(7)</b> THE HELP CENTER 421 E. PEACH STREET BOZEMAN, MT 59715	81-0309373	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(8)</b> THE NORD CENTER 6140 SOUTH BROADWAY LORAIN, OH 44053	34-0949459	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(9)</b> UNITED WAY 211 40 EAST ADAMS STREET JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(10)</b> VALLEY CREEK CRISIS CENTER 469 CREAMERY WAY EXTON, PA 19341	23-2093566	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(11)</b> VOICES OF HOPE PO BOX 1788 GREAT FALLS, MT 59403	06-1732225	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(12)</b> WESTERN MONTANA MENTAL HEALTH 1321 WYOMING STREET MISSOULA, MT 59801	81-0307814	501(C)(3)	9,000.				LIFELINE SERVICES

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://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**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> WYOMING LIFELINE 23564 CALABASAS ROAD CALABASAS, CA 91302	95-4116679	501(C)(3)	9,000.				LIFELINE SERVICES
<b>(2)</b> 211 BREVARD 250 NE 33RD STREET OAKLAND PARK, FL 33334	59-1897447	501(C)(3)	8,000.				LIFELINE SERVICES
<b>(3)</b> CARING CONTACT P.O. BOX 2376 WESTFIELD, NJ 07091	23-7442645	501(C)(3)	8,000.				LIFELINE SERVICES
<b>(4)</b> CRISIS CENTER OF TAMPA BAY, INC. ONE CRISIS CENTER PLAZA TAMPA, FL 33613	59-1785265	501(C)(3)	8,000.				LIFELINE SERVICES
<b>(5)</b> CRISIS SERVICES OF NORTH ALABAMA P.O. BOX 368 HUNTSVILLE, AL 35804	63-0841545	501(C)(3)	8,000.				LIFELINE SERVICES
<b>(6)</b> FIRSTLINK 4357 13TH AVENUE FARGO, ND 58107-0447	45-0419491	501(C)(3)	8,000.				LIFELINE SERVICES
<b>(7)</b> FRONTLINE SERVICE 1744 PAYNE AVENUE CLEVELAND, OH 44114	34-1607734	501(C)(3)	8,000.				LIFELINE SERVICES
<b>(8)</b> STARVISTA 610 ELM ST. SUITE 212 SAN CARLOS, CA 94070	94-3094966	501(C)(3)	8,000.				LIFELINE SERVICES
<b>(9)</b> SUICIDE PREVENTION SERVICES 528 S. BATAVIA AVENUE BATAVIA, IL 60510	36-4211306	501(C)(3)	8,000.				LIFELINE SERVICES
<b>(10)</b> COMMUNITY NETWORK FOR BEHAVIORAL 1627 MAIN STREET KANSAS CITY, MO 64108	43-1718104	501(C)(3)	7,000.				LIFELINE SERVICES
<b>(11)</b> DEPARTMENT OF BEHAVIORAL HEALTH 64 NEW YORK AVENUE WASHINGTON, DC 20002	95-2930701	501(C)(3)	7,000.				LIFELINE SERVICES
<b>(12)</b> KERN BEHAVIORAL HEALTH P.O. BOX 1000 BAKERSFIELD, CA 93302	95-6000925		7,000.				LIFELINE SERVICES

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

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

Schedule I (Form 990) 2022

SCHEDULE I (Form 990)

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

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.

OMB No. 1545-0047

2022

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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. Part II can be duplicated if additional space is needed.

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 noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes entries for SAMARITANS, INC., SUICIDE AND CRISIS CENTER, and VOLUNTEER BEHAVIORAL HEALTH CARE SYSTEM.

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

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

Schedule I (Form 990) 2022

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STIPENDS-NSPH OTHER	69	260,400.			
2 STIPENDS CHILDREN & FAMILY SERVICES	46	29,609.			
3 STIPENDS-VETERAN CRISIS LINE OTHER	23	27,000.			
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.

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

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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.

METRICS (CALL ANSWER RATES, COMPLETION OF REQUIRED TRAININGS AND ACCREDITATIONS, ETC.) AND COMMUNICATES REGULARLY WITH EACH CONTRACTED CENTER TO ASSURE THAT DELIVERABLES ARE MET.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <b>THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.</b>	Employer identification number <b>13-2637308</b>
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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
|---|--|

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

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

**3** Indicate which, if any, of the following the 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<br><input type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee |
|---|---|

**4** 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:

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** 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 **8**  Yes  No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	<input checked="" type="checkbox"/>	
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2022

**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 aren't 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 and/or 1099-NEC 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				
1 KIMBERLY WILLIAMS PRESIDENT & CEO	(i)	418,559.	65,000.	NONE	12,392.	21,236.	517,187.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 KAREN WEGMANN CHIEF FINANCIAL OFFICER	(i)	305,155.	10,000.	NONE	7,923.	6,295.	329,373.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 KRISTEN CUTFORTH CHIEF OPERATING OFFICER	(i)	290,408.	15,000.	NONE	7,533.	7,824.	320,765.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 GRANT M RIEWE (EFF. 2/ CHIEF TECHNOLOGY OFFICER	(i)	270,233.	35,000.	NONE	NONE	4,590.	309,823.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 LISA FURST CHIEF PROGRAM OFFICER	(i)	224,499.	20,000.	NONE	5,977.	14,056.	264,532.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 JOHN DRAPER (THRU 8/22 EXECUTIVE VP, NAT'AL NETWORKS	(i)	138,259.	NONE	93,875.	9,265.	14,328.	255,727.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 LISA JONES-CHANDLER VP, CORPORATE EXCELLENCE	(i)	192,838.	20,000.	NONE	5,349.	21,236.	239,423.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 JOSEPHINE PARR (THRU 1 SR. VP, COMMUNICATIONS	(i)	201,276.	NONE	NONE	5,836.	6,002.	213,114.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 MORGAN BAKER VP OF INFORMATION TECHNOLOGY	(i)	186,470.	NONE	NONE	5,264.	19,462.	211,196.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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.

PART I, LINE 4A:

JOHN DRAPER RECEIVED \$93,875 SEVERANCE PAYMENT FOR CALENDAR YEAR 2022

REPORTS ON SCHEDULE J, PART II, LINE 6, COLUMN B(III).

PART I, LINE 7:

SCHEDULE J, PART II, COLUMN (B)(II) REPORTS DISCRETIONARY INCENTIVE

AMOUNTS THAT WERE APPROVED BY THE BOARD BASED UPON PERFORMANCE.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF NEW YORK

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Employer identification number

13-2637308

**FORM 990, PART III, LINE 1:**

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 PROVIDE 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

**SCHEDULE O  
(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF NEW YORK

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Employer identification number

13-2637308

BEHAVIORAL HEALTH AND PROVIDES 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.

NFL LIFELINE - THE NFL LIFELINE 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 LIFELINE 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, LINE 4B:**

STAFFED WITH ENGLISH-, SPANISH-, AND CHINESE-SPEAKING BEHAVIORAL HEALTH  
PROFESSIONALS (AND CAN SERVE MORE THAN 150 OTHER LANGUAGES THROUGH  
INTERPRETER SERVICES); THE OASAS HOPELINE, WHICH IS AVAILABLE FOR ANYONE  
IN NYS WHO IS STRUGGLING WITH SUBSTANCE ABUSE OR GAMBLING ADDICTION AND

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF NEW YORK

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Employer identification number

13-2637308

NEEDS A REFERRAL FOR TREATMENT; THE IHELP: 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 HERE2HELP CONNECT'S PROGRAMS AND IMPACT AT [WWW.MHAOFNYC.ORG/CRISISHOTLINES](http://WWW.MHAOFNYC.ORG/CRISISHOTLINES).

**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) PUBLIC EDUCATION AND ADVOCACY - PROVIDES MENTAL HEALTH POLICY ANALYSES, PROMOTES NEEDED SYSTEMS' REFORM, AND EDUCATES THE PUBLIC AND

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF NEW YORK

**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.

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OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Employer identification number

13-2637308

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 WELL AS AN ARRAY OF TRAINING AND TECHNICAL ASSISTANCE PROJECTS TO BUILD MENTAL HEALTH CAPACITY IN PRIMARY CARE, SENIOR CENTERS, SCHOOLS AND OTHER COMMUNITY VENUE.

EXPENSES: \$ 2,498,015. GRANTS: \$ 15,657. REVENUE: \$1,396,124.

2) 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 EDUCATIONAL, VOCATIONAL, AND SOCIAL COMPETENCIES ESSENTIAL FOR

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF NEW YORK

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INDEPENDENT LIVING IN THE COMMUNITY.

EXPENSES: \$ 1,418,158. GRANTS: NONE. REVENUE: \$ 1,120,997.

**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 OF THE BOARD OF DIRECTORS, THE FORM 990 IS FILED.

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

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 ARREST 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.

**FORM 990, PART VI, SECTION B, LINES 15A AND 15B:**

THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION OF THE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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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 2023.

**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.

Name of the organization

Employer identification number

**THE MENTAL HEALTH ASSOCIATION OF NEW YORK**

**13-2637308**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ATLAS SEARCH HEALTH SOLUTIONS, LLC 1540 BROADWAY, 10TH FLOOR NEW YORK, NY 10036	TEMP STAFF AGENCY	1,079,462.
ATLANTIC RESOURCE PARTNERS HC, LLC 19 WEST 34TH STREET, SUITE 806 NEW YORK, NY 10001	TEMP STAFF AGENCY	616,933.
ACCENTURE LLP P.O. BOX 70629 CHICAGO, IL 60673-0629	IT SERVICES	323,250.
ARMSTRONG TEASDALE LLP DEPT. #478150, P.O. BOX 790100 ST. LOUIS, MO 63179-9933	LEGAL SERVICES	170,441.
MINI TARGETED MEDIA INC. P.O. BOX 21916 NEW YORK, NY 10087-1916	MARKETING SERVICES	159,849.

Name of the organization

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**THE MENTAL HEALTH ASSOCIATION OF NEW YORK**

**13-2637308**

FORM 990, PART IX - OTHER FEES

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DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
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CONTRACTED SERVICES	36,013,855.	32,500,479.	2,827,625.	685,751.
PROFESSIONAL SERVICES	1,625,110.	534,108.	1,091,002.	NONE
NON-GOVERNMENTAL CONTRACT	149,335,284.	149,241,241.	94,043.	NONE
 TOTALS	 ----- 186,974,249. =====	 ----- 182,275,828. =====	 ----- 4,012,670. =====	 ----- 685,751. =====