

|                                           |                                                                                                                                                                                                                                                    |                                      |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>CHAR500<br/>Online</b>                 | <b>Annual Filing for Charitable Organizations</b><br>New York State Office of the Attorney General<br>Charities Bureau - Registration Section<br>28 Liberty Street<br>New York, NY 10005<br><a href="http://charitiesnys.com">charitiesnys.com</a> | <b>Open to Public<br/>Inspection</b> |
| For new annual filings,<br>and amendments |                                                                                                                                                                                                                                                    |                                      |

|              |                                             |                                 |                          |
|--------------|---------------------------------------------|---------------------------------|--------------------------|
| Filing Type: | <input checked="" type="radio"/> New Filing | <input type="radio"/> Amendment | Filing Year: <u>2023</u> |
|--------------|---------------------------------------------|---------------------------------|--------------------------|

| <b>General Information</b>                                                                                                                                                                                                                                                                                                                       |                                                                                   |                          |                               |                                                                                   |                                                                                   |           |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------|-------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------|--|--|--|
| Current Organization Name:                                                                                                                                                                                                                                                                                                                       | <u>Mental Health Association of New York City, Inc. (The)</u>                     | Updated Name:            | <u>N/A</u>                    |                                                                                   |                                                                                   |           |  |  |  |
| NY Registration Number:                                                                                                                                                                                                                                                                                                                          | <u>01-96-16</u>                                                                   | Registration Category:   | <u>DUAL</u>                   |                                                                                   |                                                                                   |           |  |  |  |
| Organization Type:                                                                                                                                                                                                                                                                                                                               | <u>Corporation</u>                                                                | EIN:                     | <u>132637308</u>              |                                                                                   |                                                                                   |           |  |  |  |
| Current Fiscal Year End:                                                                                                                                                                                                                                                                                                                         | <u>06/30</u>                                                                      | Updated Fiscal Year End: | <u>N/A</u>                    |                                                                                   |                                                                                   |           |  |  |  |
| Organization Email:                                                                                                                                                                                                                                                                                                                              | <u>info@vibrant.org</u>                                                           | Organization's Phone:    | <u>212-614-5771</u>           |                                                                                   |                                                                                   |           |  |  |  |
| Tax Exempt Status:                                                                                                                                                                                                                                                                                                                               | <u>501(c)(3)</u>                                                                  | Website:                 | <u>WWW.VIBRANT.ORG</u>        |                                                                                   |                                                                                   |           |  |  |  |
| <b>Organization Address</b>                                                                                                                                                                                                                                                                                                                      |                                                                                   |                          |                               |                                                                                   |                                                                                   |           |  |  |  |
| <table><thead><tr><th>Mailing Address</th><th>Principal Address</th><th>NY State Address</th></tr></thead><tbody><tr><td><u>80 PINE STREET, 19TH FLOOR<br/>New York<br/>NY<br/>10005<br/>United States</u></td><td><u>80 PINE STREET, 19TH FLOOR<br/>New York<br/>NY<br/>10005<br/>United States</u></td><td><u>NA</u></td></tr></tbody></table> | Mailing Address                                                                   | Principal Address        | NY State Address              | <u>80 PINE STREET, 19TH FLOOR<br/>New York<br/>NY<br/>10005<br/>United States</u> | <u>80 PINE STREET, 19TH FLOOR<br/>New York<br/>NY<br/>10005<br/>United States</u> | <u>NA</u> |  |  |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                  | Principal Address                                                                 | NY State Address         |                               |                                                                                   |                                                                                   |           |  |  |  |
| <u>80 PINE STREET, 19TH FLOOR<br/>New York<br/>NY<br/>10005<br/>United States</u>                                                                                                                                                                                                                                                                | <u>80 PINE STREET, 19TH FLOOR<br/>New York<br/>NY<br/>10005<br/>United States</u> | <u>NA</u>                |                               |                                                                                   |                                                                                   |           |  |  |  |
| <b>Primary Contact Information</b>                                                                                                                                                                                                                                                                                                               |                                                                                   |                          |                               |                                                                                   |                                                                                   |           |  |  |  |
| First Name:                                                                                                                                                                                                                                                                                                                                      | <u>David</u>                                                                      | Last Name:               | <u>Greenberg</u>              | Title:                                                                            | <u>CFO</u>                                                                        |           |  |  |  |
| Phone:                                                                                                                                                                                                                                                                                                                                           | <u>212-614-5771</u>                                                               | Email:                   | <u>Dgreenberg@vibrant.org</u> |                                                                                   |                                                                                   |           |  |  |  |
| <b>Organization Type</b>                                                                                                                                                                                                                                                                                                                         |                                                                                   |                          |                               |                                                                                   |                                                                                   |           |  |  |  |
| Type of IRS document filed with IRS:                                                                                                                                                                                                                                                                                                             | <u>IRS990</u>                                                                     | Organization Type:       | <u>Public</u>                 |                                                                                   |                                                                                   |           |  |  |  |
| <b>Third Party Preparer Information</b>                                                                                                                                                                                                                                                                                                          |                                                                                   |                          |                               |                                                                                   |                                                                                   |           |  |  |  |
| First Name:                                                                                                                                                                                                                                                                                                                                      | <u>Hao</u>                                                                        | Last Name:               | <u>Liu</u>                    | Title:                                                                            | <u>Tax Senior Associate</u>                                                       |           |  |  |  |
| Firm Name:                                                                                                                                                                                                                                                                                                                                       | <u>BDO USA</u>                                                                    | Phone:                   | <u>631-927-1023</u>           | Email:                                                                            | <u>hao.liu@bdo.com</u>                                                            |           |  |  |  |
| <b>Third Party Address</b>                                                                                                                                                                                                                                                                                                                       |                                                                                   |                          |                               |                                                                                   |                                                                                   |           |  |  |  |
| Street:                                                                                                                                                                                                                                                                                                                                          | <u>201 Old Country Road, Suite 300</u>                                            |                          |                               |                                                                                   |                                                                                   |           |  |  |  |
| City:                                                                                                                                                                                                                                                                                                                                            | <u>Melville</u>                                                                   | State:                   | <u>NY</u>                     |                                                                                   |                                                                                   |           |  |  |  |
| Zip:                                                                                                                                                                                                                                                                                                                                             | <u>11747</u>                                                                      | Country:                 | <u>United States</u>          |                                                                                   |                                                                                   |           |  |  |  |

## Registration Category

1. Does the organization conduct activity in New York State other than soliciting? This may include, but is **not limited to**, maintaining an office, having employees or staff, or running a program.  
☒ Yes   ☐ No
2. Does the organization have assets in New York State?  
☒ Yes   ☐ No
3. Is the organization incorporated or formed in New York State?  
☒ Yes   ☐ No
4. Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing?  
☒ Yes   ☐ No
5. Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, government agencies or other entities?  
☒ Yes   ☐ No
6. Does the organization use a professional fundraiser or fundraising counsel?  
☐ Yes   ☒ No

Based on your responses to the above questions, this organization's registration category remains as DUAL

## Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year in New York State?  
☒ Yes   ☐ No
3. Choose the total contributions in New York State this fiscal year:    More than \$50,000,000

## Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?  
☐ Yes   ☐ No   N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  
☐ Yes   ☐ No   N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?  
☐ Yes   ☒ No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

Financial Information

Type of IRS document filed with IRS

IRS990

Organization's total revenue:

324,139,930

Organization's total contributions:

314,560,377

Organization's total assets:

N/A

Organization's net assets:

63,454,178

Organization's total revenue and contributions:

N/A

Organization's total liabilities:

N/A

Organization's total assets/worth:

N/A

Organization's total income:

N/A

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

☐Closing    ☐Withdrawing    ☐Dissolving    ☒None

Is this your final filing with New York State?    ☐Yes    ☐No    N/A

Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

☐Yes    ☒No

| General Information                                                                                                                                                                                      | Description of Services | Description of Compensation |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|
| <div>Name of Firm: N/A</div> <div>Type: N/A    Reg Number: N/A</div> <div>Contract Start: N/A    Contract End: N/A</div> <div>Amount Paid: N/A    Phone : N/A</div> <div>Mailing Address: N/A</div>      | N/A                     | N/A                         |
| <div>Name of Firm: N/A</div> <div>Type: N/A    Registration ID: N/A</div> <div>Contract Start: N/A    Contract End: N/A</div> <div>Amount Paid: N/A    Phone : N/A</div> <div>Mailing Address: N/A</div> | N/A                     | N/A                         |
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Did the organization receive government grants during this fiscal year?

☒ Yes    ☐ No

| Government Grant Agency                 | Grant Amount                       |
|-----------------------------------------|------------------------------------|
| Department of Health & Human Services   | \$261,326,988.00                   |
| NY City Dept of Health & Mental Hygiene | \$43,001,236.00                    |
| Veterans Affairs Administration         | \$3,307,565.00                     |
| NY State Office of Mental Health        | \$2,777,455.00                     |
|                                         | To be continued in Appendix page 2 |

Documents

Attached organization's required documents:

- ☒ IRS document
- ☒ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| Role                    | First Name | Last Name | Email                  |
|-------------------------|------------|-----------|------------------------|
| President               | Cara       | McNulty   | Cmcnulty@vibrant.org   |
| Chief Financial Officer | David      | Greenberg | Dgreenberg@vibrant.org |

Signature of President

Signed by:

Cara McNulty

DE9712E20DAD120...

Date:

5/1/2025

Signature of Chief Financial Officer

Signed by:

David Greenberg

A8984AAEF8BCCA78

Date:

5/1/2025

## Filing Information

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