

<b>A</b> For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024			
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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 FL 19 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005		<b>D</b> Employer identification number 13-2637308
	<b>F</b> Name and address of principal officer: CARA MCNULTY SAME AS "C" ABOVE		<b>E</b> Telephone number (212) 254-0333
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ 324,139,930.
	<b>J</b> Website: WWW.VIBRANT.ORG		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number
	<b>L</b> Year of formation: 1964		<b>M</b> State of legal domicile: NY

Part I Summary			
Activities & Governance	1	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.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	1,092
	6	Total number of volunteers (estimate if necessary)	26
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	NONE
Revenue	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	NONE
	8	Contributions and grants (Part VIII, line 1h)	326,921,266.
	9	Program service revenue (Part VIII, line 2g)	4,429,710.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,057,097.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	332,408,073.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,817,906.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,693,383.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE
	16b	Total fundraising expenses (Part IX, column (D), line 25)	350,386.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	208,090,545.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	324,601,834.
	19	Revenue less expenses. Subtract line 18 from line 12	7,806,239.
	20	Total assets (Part X, line 16)	189,315,752.
	21	Total liabilities (Part X, line 26)	107,476,826.
	22	Net assets or fund balances. Subtract line 21 from line 20	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 04/29/2025 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part III** Statement of Program Service AccomplishmentsCheck 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 ☒ No  
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 263,504,731. including grants of \$ 160,087,455. ) (Revenue \$ 959,397. )

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 \$ 38,538,066. including grants of \$ 20,616. ) (Revenue \$ 2,239,065. )

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 \$ 9,228,343. including grants of \$ 383,417. ) (Revenue \$ 1,024,360. )

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.) SEE SCHEDULE O

(Expenses \$ 3,331,375. including grants of \$ 6,497. ) (Revenue \$ 2,947,512. )

**4e** Total program service expenses 314,602,515.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .		<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<input checked="" type="checkbox"/>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<input checked="" type="checkbox"/>	

**Part IV Checklist of Required Schedules** (continued)

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

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	145
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	1b	NONE
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		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	<b>2a</b> 1,092		
<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? If "No" to line 3b, provide an explanation on Schedule O			
<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 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	<b>7d</b>		
<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 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 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 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<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.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 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>13a</b>		
<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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<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?	<b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 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?	<b>17</b>		
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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	22													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	22													
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .														X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .														X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .														X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .														X
<b>6</b> Did the organization have members or stockholders? . . . . .														X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .														X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .														X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body? . . . . .										X				
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .										X				
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .														X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .															X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .															
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .			X												
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .															
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .					X										
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .						X									
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .							X								
<b>13</b> Did the organization have a written whistleblower policy? . . . . .								X							
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .									X						
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .										X					
<b>b</b> Other officers or key employees of the organization . . . . .											X				
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .															X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .															

**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.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**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.  
 DAVID GREENBERG, 80 PINE STREET, 19TH FL, NEW YORK, NY 10005

212-614-5771

Form 990 (2023)

**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 (THRU 2/1/24)	35.00 NONE			X				521,351.	NONE	36,696.
(2) GRANT RIEWE CHIEF TECHNOLOGY OFFICER	35.00 NONE			X				342,039.	NONE	11,475.
(3) LESLEIGH IRISH-UNDERWOOD CHIEF EXTERNAL AFFAIRS OFFICER	35.00 NONE					X		330,357.	NONE	21,261.
(4) KAREN WEGMANN CFO (THRU 4/1/24)	35.00 NONE					X		322,081.	NONE	18,332.
(5) TIA DOLE INTERIM CHIEF PROGRAM OFFICER	35.00 NONE			X				302,351.	NONE	20,601.
(6) LISA FURST (THRU 5/1/24) CHIEF PROGRAM OFFICER	35.00 NONE					X		257,600.	NONE	23,619.
(7) LISA JONES-CHANDLER CHIEF COMPL. & QUALITY OFFICER	35.00 NONE					X		238,641.	NONE	31,627.
(8) KRISTEN CUTFORTH COO(THRU 9/1/23)	35.00 NONE					X		254,374.	NONE	11,347.
(9) APRIL NATURALE VP OF DISASTER SERVICES	35.00 NONE			X				216,256.	NONE	14,472.
(10) ALISON LEWIS COO/ INTERIM CEO (3/24 - 6/24)	35.00 NONE			X				45,000.	NONE	NONE
(11) JENNIFER ASHLEY, PH.D CHAIRMAN	0.50 NONE	X		X				NONE	NONE	NONE
(12) SCOTT CUTLER VICE-CHAIRMAN	0.50 NONE	X		X				NONE	NONE	NONE
(13) MICHAEL NISSAN, ESQ. VICE-CHAIRMAN	0.50 NONE	X		X				NONE	NONE	NONE
(14) LYNN D. SHERMAN TREASURER	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 ) ROBERT M. CHANG SECRETARY	0.50 NONE	X		X				NONE	NONE	NONE
( 16 ) GRANT BRENNER, M.D. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 17 ) LAWRENCE CALCANO DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 18 ) TUHINA DE O'CONNOR, MS, MPH DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 19 ) KEVIN J. DANEHY DIRECTOR (THRU 12/1/23)	0.50 NONE	X						NONE	NONE	NONE
( 20 ) SETH FEUERSTEIN, M.D., J.D. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 21 ) CHARLES FITZGERALD DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 22 ) MONICA J. FRACZEK, CPA DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 23 ) SANDER KOYFMAN, M.D. DIRECTOR	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> . . . . .								2,830,050.	NONE	189,430.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,830,050.	NONE	189,430.

**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 ► 89

	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 (THRU 12/1/23)	0.50 NONE	X						NONE	NONE	NONE
( 28 ) MEYER MINTZ, CPA, JD, LL.M. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 29 ) ROBERT NASH, ESQ. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 30 ) KWEKU OBED, CFA, CAIA DIRECTOR (THRU 2/1/24)	0.50 NONE	X						NONE	NONE	NONE
( 31 ) JOSEPH F. PEYRONNIN, III DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 32 ) CORBETT A. PRICE DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 33 ) JOHN D. ROBINSON DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 34 ) BRUCE J. SCHWARTZ, M.D. DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 35 ) DR. FLORIDA E. STARKS DIRECTOR	0.50 NONE	X						NONE	NONE	NONE
( 36 ) PATRICIA DERRICO WILBER DIRECTOR (THRU 2/1/24)	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
<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 VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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>	311,638,443.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	2,921,934.			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		314,560,377.			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>		NON-GOVERNMENTAL CONTRACTS		624200	4,347,038.	4,347,038.	
<b>b</b>		MEDICAID REVENUE		624200	2,491,774.	2,491,774.	
<b>c</b>		OTHER PROGRAM REVENUE		624200	331,522.	331,522.	
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			7,170,334.		
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			2,409,219.	NONE	2,409,219.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .			NONE		
	<b>5</b>	Royalties . . . . .			NONE		
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>				
	<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		(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		
	<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		
	<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			
<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>				Business Code			
	<b>11a</b>						
	<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 . . . . .			324,139,930.	7,170,334.	NONE	2,409,219.

**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**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(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 . . . . .	159,359,859.	159,359,859.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,138,126.	1,138,126.		
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 . . . . .	1,199,062.	952,411.	246,651.	
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 . . . . .	69,367,634.	55,098,484.	14,269,150.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,824,394.	1,407,731.	416,663.	
9 Other employee benefits . . . . .	10,765,440.	8,308,960.	2,456,480.	
10 Payroll taxes . . . . .	7,664,826.	5,916,504.	1,748,322.	
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	1,383,916.		1,383,916.	
c Accounting . . . . .	1,057,585.		1,057,585.	
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 53,569,666.	49,634,496.	3,674,558.	260,612.
12 Advertising and promotion . . . . .	15,853,270.	15,629,597.	207,803.	15,870.
13 Office expenses . . . . .	5,891,076.	5,192,422.	660,035.	38,619.
14 Information technology . . . . .	8,751,531.	7,779,005.	959,226.	13,300.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	2,267,387.	1,923,343.	339,932.	4,112.
17 Travel . . . . .	957,698.	735,024.	215,576.	7,098.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	922,731.	708,187.	207,705.	6,839.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	346,127.		346,127.	
23 Insurance . . . . .	299,548.		299,548.	
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 . . . . .	759,702.	231,184.	525,722.	2,796.
b SUPPLIES & PROG. ACTIVITIES . . . . .	301,640.	252,988.	47,600.	1,052.
c REPAIRS & MAINTENANCE . . . . .	173,123.	135,944.	37,149.	30.
d EQUIP. RENTAL . . . . .	54,259.	42,608.	11,593.	58.
e All other expenses . . . . .	343,585.	155,642.	187,943.	
25 Total functional expenses. Add lines 1 through 24e . . . . .	344,252,185.	314,602,515.	29,299,284.	350,386.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	3,346,121.	<b>1</b>	1,529,550.
	<b>2</b> Savings and temporary cash investments. . . . .	29,557,114.	<b>2</b>	16,753,061.
	<b>3</b> Pledges and grants receivable, net . . . . .	22,800,126.	<b>3</b>	7,259,654.
	<b>4</b> Accounts receivable, net . . . . .	60,380,778.	<b>4</b>	51,666,064.
	<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 . . . . .	379,881.	<b>9</b>	1,940,044.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,443,249.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 346,127.	<b>10c</b>	2,097,122.
	<b>11</b> Investments - publicly traded securities. . . . .	41,389,542.	<b>11</b>	44,648,966.
	<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 . . . . .	30,460,619.	<b>15</b>	31,077,240.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	189,315,752.	<b>16</b>	156,971,701.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	17,671,268.	<b>17</b>	10,102,782.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	8,301,873.	<b>19</b>	12,371,105.
	<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. . . . .	NONE	<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 . . . . .	81,503,685.	<b>25</b>	71,043,636.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	107,476,826.	<b>26</b>	93,517,523.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	81,838,926.	<b>27</b>	63,454,178.
	<b>28</b> Net assets with donor restrictions. . . . .	NONE	<b>28</b>	NONE
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	81,838,926.	<b>32</b>	63,454,178.
	<b>33</b> Total liabilities and net assets/fund balances. . . . .	189,315,752.	<b>33</b>	156,971,701.

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	324,139,930.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	344,252,185.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-20,112,255.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	81,838,926.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	1,727,507.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	63,454,178.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2023)

**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

**2023**

**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) 2023

**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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	72,193,511.	89,959,487.	118,776,814.	326,921,266.	314,560,377.	922,411,455.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .	72,193,511.	89,959,487.	118,776,814.	326,921,266.	314,560,377.	922,411,455.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						NONE
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						922,411,455.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	72,193,511.	89,959,487.	118,776,814.	326,921,266.	314,560,377.	922,411,455.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	258,250.	123,695.	20,559.	1,057,097.	2,409,219.	3,868,820.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	2,336.	NONE	NONE	NONE	NONE	2,336.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						NONE
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						926,282,611.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	27,339,813.
<b>13</b> <b>First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	99.58 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.78 %
<b>16a</b> <b>33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**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? If "No," describe in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

	Yes	No
<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 <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a 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? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<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? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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 VII*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(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 Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VII</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 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			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 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) 2023

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

Schedule A (Form 990) 2023

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF NEW YORK  
CITY, INC.

Employer identification number

13-2637308

**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 **THE MENTAL HEALTH ASSOCIATION OF NEW YORK  
CITY, INC.**

**Employer identification number**  
13-2637308

**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	US DEPARTMENT OF HEALTH AND HUMAN SRVCS 1 CHOKE CHERRY ROAD ROCKVILLE, MD 20857	\$ 261,326,988.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NYC DEPT OF HEALTH AND MENTAL HYGIENE 42-09 28TH STREET LONG ISLAND CITY, NY 11101	\$ 43,001,236.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number
13-2637308

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



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

Employer identification number  
13-2637308

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

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

THE MENTAL HEALTH ASSOCIATION OF NEW YORK

Employer identification number

CITY, INC.

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1. . . . .	\$
(ii) Assets included in Form 990, Part X. . . . .	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1. . . . .	\$
b Assets included in Form 990, Part X. . . . .	\$

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

Schedule D (Form 990) 2023

JSA

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**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 in Part XIII. . . . . ☐

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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:

	Yes	No
(i) Unrelated organizations? . . . . .	3a(i)	
(ii) Related organizations? . . . . .	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

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 . . . . .		2,443,249.	346,127.	2,097,122.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				2,097,122.

**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, line 12, col. (B)) . . .		

**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, line 13, col. (B)) . . .		

**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	30,961,893.
(2)SECURITY DEPOSITS	115,347.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	31,077,240.

**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	33,341,800.
(3)	DUE TO SUB-AWARD RECIPIENTS	37,701,836.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).		71,043,636.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	325,867,437.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,727,507.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,727,507.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	324,139,930.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	324,139,930.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	344,252,185.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	344,252,185.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	344,252,185.

**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, 2024, 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, 2024, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

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? ☒ Yes ☐ No
- 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.

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
(1) CRISIS TEXT LINE, INC. 24 WEST 25TH STREET NEW YORK, NY 10010	46-5039599	501(C)(3)	20,605,966.				LIFELINE SERVICES
(2) THE TREVOR PROJECT, INC. P.O. BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	19,161,451.				LIFELINE SERVICES
(3) CENTERSTONE OF TENNESSEE INC. P.O. BOX 197520 NASHVILLE, TN 37219-6603	62-1674308	501(C)(3)	14,149,017.				LIFELINE SERVICES
(4) EMPACT - SUICIDE PREVENTION CENTER 618 S. MADISON DRIVE TEMPE, AZ 85281	74-2562293	501(C)(3)	11,835,748.				LIFELINE SERVICES
(5) DEAFLEAD 105 BRIGHT STAR DRIVE COLUMBIA, MO 65203	43-1688120	501(C)(3)	8,518,773.				LIFELINE SERVICES
(6) VOLUNTEERS OF AMERICA WW P.O. BOX 839 EVERETT, WA 98201	91-0577129	501(C)(3)	6,811,684.				LIFELINE SERVICES
(7) PRS INC. 10455 WHITE GRANITE DR. OAKTON, VA 22124	54-0880899	501(C)(3)	6,481,096.				LIFELINE SERVICES
(8) HEARTLINE INC. 2401 NW 23RD STREET OKLAHOMA CITY, OK 73107	73-0800311	501(C)(3)	6,171,510.				LIFELINE SERVICES
(9) PROTOCOL SERVICES, INC. 621 SW ALDER PORTLAND, OR 97025	91-1829097		5,853,865.				LIFELINE SERVICES
(10) COMMUNITY CRISIS SERVICES, INC. P.O. BOX 149 HYATTSVILLE, MD 20781	52-1634738	501(C)(3)	5,527,421.				LIFELINE SERVICES
(11) CARELON BEHAVIORAL HEALTH INC. 5501 DELMAR BLVD. ST. LOUIS, MO 63112	54-1414194	501(C)(3)	4,918,765.				LIFELINE SERVICES
(12) CONTACT CARE LINE, INC. P.O. BOX 4641 OAK RIDGE, TN 37831-4641	62-0912261	501(C)(3)	4,593,832.				LIFELINE SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 44
- 3 Enter total number of other organizations listed in the line 1 table 4

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? ☐ Yes ☐ No
- 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.

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
(1) RESPONSE CRISIS CENTER P.O. BOX 300 STONY BROOK, NY 11790	11-2308470	501(C)(3)	4,511,749.				LIFELINE SERVICES
(2) COMMUNITY CRISIS SERVICES AND FOOD BANK 1121 GILBERT CT. IOWA CITY, IA 52240-4528	42-0955992	501(C)(3)	4,406,556.				LIFELINE SERVICES
(3) SOLARI, INC. 1275 W. WASHINGTON STREET TEMPE, AZ 85281	26-0446321	501(C)(3)	4,274,544.				LIFELINE SERVICES
(4) DIDI HIRSCH PSYCHIATRIC SERVICE 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)	4,175,258.				LIFELINE SERVICES
(5) RUTGERS, UNIVERSITY BEHAVIORAL HEALTH CARE 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	3,334,745.				LIFELINE SERVICES
(6) GRASSROOTS CRISIS INTERVENTION CENTER, INC. 6700 FREETOWN ROAD COLUMBIA, MD 21044	52-0909351	501(C)(3)	3,229,164.				LIFELINE SERVICES
(7) LINES FOR LIFE 5100 SW MACADAM AVENUE PORTLAND, OR 97239	93-0725294	501(C)(3)	2,847,054.				LIFELINE SERVICES
(8) NETCARE CORPORATION 199 SOUTH CENTRAL AVENUE COLUMBUS, OH 43223	31-0814079	501(C)(3)	2,584,437.				LIFELINE SERVICES
(9) FIRST CHOICE SERVICES, INC. 1 HILLCREST DRIVE CHARLESTON, WV 25311	26-2900507	501(C)(3)	2,309,665.				LIFELINE SERVICES
(10) 211 TAMPA BAY CARES 5500 RIO VISTA DRIVE CLEARWATER, FL 33760	59-3355555	501(C)(3)	2,256,399.				LIFELINE SERVICES
(11) BEACON HEALTH OPTIONS 5800 NORTHAMPTON BLVD. NORFOLK, VA 23502	04-3496741		1,972,600.				LIFELINE SERVICES
(12) GRYPHON PLACE 3245 SOUTH 8TH STREET KALAMAZOO, MI 49009	38-2808685	501(C)(3)	1,496,621.				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



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? ☐ Yes ☐ No
- 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.

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
(1)EVERYMIND INC. 1000 TWINBROOK PKWY. ROCKVILLE, MD 20851	52-0681147	501(C)(3)	1,357,296.				LIFELINE SERVICES
(2)WELLSPACE HEALTH 777 12TH STREET SACRAMENTO, CA 95814	94-1713704	501(C)(3)	1,319,742.				LIFELINE SERVICES
(3)A BETTER WAY SERVICES, INC. P.O. BOX 734 MUNCIE, IN 47308	35-0868081	501(C)(3)	1,202,612.				LIFELINE SERVICES
(4)PROVIDENT INC. 2650 OLIVE STREET ST. LOUIS, MO 63103	43-0652630	501(C)(3)	1,169,070.				LIFELINE SERVICES
(5)FATHER FLANAGAN'S BOYS' HOME P.O. BOX 145 BOYS TOWN, NE 68010-0145	47-0376606	501(C)(3)	967,844.				LIFELINE SERVICES
(6)TALBERT HOUSE 2600 VICTORY PARKWAY CINCINNATI, OH 45206	31-0713350	501(C)(3)	715,296.				LIFELINE SERVICES
(7)BALTIMORE CRISIS RESPONSE, INC. 5124 GREENWICH AVENUE BALTIMORE, MD 21229	52-1799922	501(C)(3)	654,547.				LIFELINE SERVICES
(8)BEHAVIORAL HEALTH RESPONSE, INC. 5501 DELMAR BLVD. ST. LOUIS, MO 63112	43-1718980	501(C)(3)	471,650.				LIFELINE SERVICES
(9)211 PALM BEACH TREASURE COAST, INC. P.O. BOX 3588 LANTANA, FL 33465-3588	23-7153017	501(C)(3)	389,486.				LIFELINE SERVICES
(10)GOODWILL OF THE FINGER LAKES 422 SOUTH CLINTON AVE. ROCHESTER, NY 14620	27-4212702	501(C)(3)	336,714.				LIFELINE SERVICES
(11)CRISIS SUPPORT SERVICES OF NEVADA P.O. BOX 8016 RENO, NV 89507	88-0201840	501(C)(3)	327,657.				LIFELINE SERVICES
(12)COMMON GROUND 1410 S TELEGRAPH BLOOMFIELD HILLS, MI 48302	38-1997712	501(C)(3)	324,872.				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

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? ☐ Yes ☐ No
- 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.

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
(1)JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA 12000 BISCAYNE BLVD. MIAMI, FL 33181	59-0637867	501(C)(3)	308,369.				LIFELINE SERVICES
(2)CONTACT OF MERCER COUNTY, NJ, INC. 60 S. MAIN STREET PENNINGTON, NJ 08534	22-2320153	501(C)(3)	266,601.				LIFELINE SERVICES
(3)MENTAL HEALTH AND ANTI ADDICTION P.O. BOX 607087 BAYAMON, PR 00960-7087	66-0559418		188,959.				LIFELINE SERVICES
(4)REAL CRISIS INTERVENTION INC. 1310 E ARLINGTON BLVD. GREENVILLE, NC 27858	56-0990583	501(C)(3)	179,326.				LIFELINE SERVICES
(5)HEART OF FLORIDA UNITED WAY, INC. 1940 CANNERY WAY ORLANDO, FL 32804	59-0808854	501(C)(3)	178,913.				LIFELINE SERVICES
(6)RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 150 BROADWAY MENANDS, NY 12204	14-1410842	501(C)(3)	166,773.				LIFELINE SERVICES
(7)CENTER FOR COMMUNITY RESOURCES, INC. 212-214 SOUTH MAIN STREET BUTLER, PA 16001	42-0955992	501(C)(3)	162,770.				LIFELINE SERVICES
(8)MASA-MEXED INC. 2770 THIRD AVENUE 1ST FLOOR BRONX, NY 10455	11-3640210	501(C)(3)	113,900.				CHILD AND FAMILY SVC
(9)JEWISH BOARD OF FAMILY & CHILDREN SRVCS 226 LINDA AVENUE HAWTHORNE, NY 10532	13-5564937	501(C)(3)	94,988.				CHILD AND FAMILY SVC
(10)COMMUNITY RESOURCE CENTER INC. 91-08 ROOSEVELT AVENUE	38-2792399	501(C)(3)	81,194.				LIFELINE SERVICES
(11)CENTER FOR COURT INNOVATION 520 EIGHTH AVENUE NEW YORK, NY 10018	85-2810883	501(C)(3)	56,113.				CHILD AND FAMILY SVC
(12)REINGOLD 1321 DUKE STREET ALEXANDRIA, VA 22314	52-1396000		18,500.				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

**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
<b>1</b> STIPENDS- NATIONAL PROGRAMS	236	1,113,768.			
<b>2</b> STIPENDS- COMMUNITY SERVICES	43	17,861.			
<b>3</b> STIPENDS- LEARNING & DEVELOPMENT	268	6,497.			
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**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

2023

Open to Public  
Inspection

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF NEW YORK

Employer identification number

CITY, INC.

13-2637308

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             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <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          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <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? . . . . .
- b Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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? . . . . .
- b Any related organization? . . . . .
- 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? . . . . .
- b Any related organization? . . . . .
- 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 . . . . .

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 . . . . .

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

**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				
KIMBERLY WILLIAMS 1 PRESIDENT & CEO (THRU 2/1/24)	(i)	521,351.	NONE	NONE	13,200.	23,496.	558,047.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GRANT RIEWE 2 CHIEF TECHNOLOGY OFFICER	(i)	307,039.	35,000.	NONE	3,952.	7,523.	353,514.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LESLEIGH IRISH-UNDERWO 3 CHIEF EXTERNAL AFFAIRS OFFICER	(i)	315,357.	15,000.	NONE	NONE	21,261.	351,618.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KAREN WEGMANN 4 CFO (THRU 4/1/24)	(i)	322,081.	NONE	NONE	11,361.	6,971.	340,413.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIA DOLE 5 INTERIM CHIEF PROGRAM OFFICER	(i)	284,851.	17,500.	NONE	NONE	20,601.	322,952.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LISA FURST (THRU 5/1/2 6 CHIEF PROGRAM OFFICER	(i)	257,600.	NONE	NONE	8,599.	15,020.	281,219.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LISA JONES-CHANDLER 7 CHIEF COMPL. & QUALITY OFFICER	(i)	218,641.	20,000.	NONE	8,131.	23,496.	270,268.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KRISTEN CUTFORTH 8 COO(THRU 9/1/23)	(i)	254,374.	NONE	NONE	11,347.	NONE	265,721.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
APRIL NATURALE 9 VP OF DISASTER SERVICES	(i)	204,556.	11,700.	NONE	6,949.	7,523.	230,728.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MORGAN BAKER 10 VP OF INFORMATION TECHNOLOGY	(i)	184,794.	13,110.	NONE	6,366.	20,806.	225,076.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JACQUE MOUTIER (THRU 3 11 VP, BUSINESS DEVELOPMENT	(i)	217,901.	NONE	NONE	6,952.	NONE	224,853.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CARLETON ARCHER 12 VP, OPERATIONS MANAGEMENT	(i)	175,359.	11,419.	NONE	6,019.	22,936.	215,733.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SEAN MURPHY 13 VICE PRESIDENT, DATA	(i)	176,551.	12,000.	NONE	5,997.	6,970.	201,518.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JODY DEMILIA 14 SR DIR. CONTACT CNTR SOLUTIONS	(i)	176,678.	12,303.	NONE	6,090.	NONE	195,071.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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 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)**

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Inspection**

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THE MENTAL HEALTH ASSOCIATION OF NEW YORK

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:**

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. 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



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'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 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. THE VETERANS CRISIS LINE IS FUNDED BY THE DEPARTMENT OF VETERANS AFFAIRS (VA) AND WAS CREATED THROUGH AN INTER-AGENCY AGREEMENT BETWEEN LINK2HEALTH SOLUTIONS, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND THE VA. IN 2011, THE NATIONAL VETERANS SUICIDE PREVENTION HOTLINE WAS RENAMED THE VETERANS CRISIS LINE TO ENCOURAGE VETERANS AND THEIR FAMILIES AND FRIENDS TO MAKE THE CALL.

NFL LIFELINE - THE NFL LIFELINE IS A FREE, CONFIDENTIAL, CRISIS

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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:**

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 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

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STRUGGLING WITH SUBSTANCE ABUSE OR GAMBLING ADDICTION AND 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:**

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.

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

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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  
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

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THE MENTAL HEALTH ASSOCIATION OF NEW YORK

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PROJECTS TO BUILD MENTAL HEALTH CAPACITY IN PRIMARY CARE, SENIOR CENTERS,  
SCHOOLS AND OTHER COMMUNITY VENUE.

EXPENSES: \$ 1,998,901. GRANTS: \$ 6,497. REVENUE: \$ 912,410.

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  
INDEPENDENT LIVING IN THE COMMUNITY.

EXPENSES: \$ 1,332,474. GRANTS: NONE. REVENUE: \$ 2,035,102.

**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

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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

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 2024.

**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.

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**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
ACCENTURE LLP P.O. BOX 70629 CHICAGO, IL 60673	IT SERVICES	10,055,461.
CREATIVE OFFICE RESOURCES 44 THOMSON PLACE BOSTON, MA 02210	WORKSPACE SOLUTIONS	1,048,429.
ARMSTRONG TEASDALE LLP DEPT. #478150, P.O. BOX 790100 ST. LOUIS, MO 63179-9933	LEGAL SERVICES	844,325.
ATLANTIC RESOURCE PARTNERS HC, LLC 19 WEST 34TH STREET, SUITE 806 NEW YORK, NY 10001	TEMP STAFF AGENCY	608,009.
ATLAS SEARCH HEALTH SOLUTIONS, LLC 1540 BROADWAY, 10TH FLOOR NEW YORK, NY 10036	TEMP STAFF AGENCY	575,828.

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## 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
-----	-----	-----	-----	-----
CONTRACTED SERVICES	52,893,780.	49,101,016.	3,532,158.	260,606.
PROFESSIONAL SERVICES	675,886.	533,480.	142,400.	6.
TOTALS	-----	-----	-----	-----
	53,569,666.	49,634,496.	3,674,558.	260,612.
	=====	=====	=====	=====