

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

Filing Type:     New Filing     Amendment    Filing Year: 2024

**General Information**

Current Organization Name: <u>Mental Health Association of New York City, Inc. (The)</u>	Updated Name: <u>N/A</u>
NY Registration Number: <u>01-96-16</u>	Registration Category: <u>DUAL</u>
Organization Type: <u>Corporation</u>	EIN: <u>132637308</u>
Current Fiscal Year End: <u>06/30</u>	Updated Fiscal Year End: <u>N/A</u>
Organization Email: <u>info@vibrant.org</u>	Organization's Phone: <u>212-614-5771</u>
Tax Exempt Status: <u>501(c)(3)</u>	Website: <u>WWW.VIBRANT.ORG</u>

**Organization Address**

Mailing Address	Principal Address	NY State Address
80 PINE STREET, 19TH FLOOR New York NY 10005 United States	80 PINE STREET, 19TH FLOOR New York NY 10005 United States	NA

**Primary Contact Information**

First Name: David    Last Name: Greenberg    Title: CFO  
 Phone: 212-614-5771    Email: Dgreenberg@vibrant.org

**Organization Type**

Type of IRS document filed with IRS: IRS990    Organization Type: Public

**Third Party Preparer Information**

First Name: David    Last Name: Rottkamp    Title: Partner, Not-For-Profit Practice Leader  
 Firm Name: Grassi & Co.    Phone: 212-223-5046    Email: DRottkamp@grassiadvisors.com

**Third Party Address**

Street: 360 Madison Avenue, 7th Floor  
 City: New York    State: NY  
 Zip: 10017    Country: United States

## Registration Category

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

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

## Contribution Information

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

## Annual Exemptions

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

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

## Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 347,568,150  
 Organization's total contributions: 338,470,363 Organization's total assets: N/A  
 Organization's net assets: 52,760,319 Organization's total revenue and contributions: N/A  
 Organization's total liabilities: N/A Organization's total assets/worth: N/A  
 Organization's total income: N/A

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

Closing  Withdrawing  Dissolving  None

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

## Filing Information

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

Yes  No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Did the organization receive government grants during this fiscal year?

Yes  No

Government Grant Agency	Grant Amount
NYC Department of Mental Health and Hygiene	\$35,564,807.00
Substance Abuse and Mental Health Services	\$288,971,984.00
NYC Administration for Children's Services	\$4,004,811.00
NYC Human Resources Administration WPP	\$43,453.00
	To be continued in Appendix page 2

### Documents

Attached organization's required documents:

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

### Signatures

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

Role	First Name	Last Name	Email
Authorized officer	Cara	McNulty	cmcnulty@vibrant.org
Chief Financial Officer	David	Greenberg	dgreenberg@vibrant.org

Signature of Signed by:  Date: 4/10/2026  
 Authorized officer DE9712E20DAD420...

Signature of Signed by:  Date: 4/10/2026  
 Chief Financial Officer A8984AAE58BCCA78

