

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<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 <b>THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.</b> Doing business as		<b>D</b> Employer identification number <b>13-2637308</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>80 PINE STREET, 19TH FLOOR</b>		<b>E</b> Telephone number <b>(212) 254-0333</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10005</b>		<b>G</b> Gross receipts \$ <b>347,568,150.</b>
	<b>F</b> Name and address of principal officer: <b>DAVID GREENBERG</b> <b>SAME AS C ABOVE</b>		<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>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>H(c)</b> Group exemption number

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

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1964** **M** State of legal domicile: **NY**

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>1180</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>28</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>314,560,377.</b>	<b>338,470,363.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,170,334.</b>	<b>5,562,569.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,409,219.</b>	<b>3,535,218.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>324,139,930.</b>	<b>347,568,150.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>160,497,985.</b>	<b>190,500,029.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>90,821,356.</b>	<b>98,249,885.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>1,337,525.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>0.</b>	<b>70,280,621.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>251,319,341.</b>	<b>359,030,535.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>72,820,589.</b>	<b>-11,462,385.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>156,971,701.</b>	<b>171,827,057.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>93,517,523.</b>	<b>119,066,738.</b>
		<b>63,454,178.</b>	<b>52,760,319.</b>

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>DAVID GREENBERG, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>DAVID ROTTKAMP</b>	<b>DAVID ROTTKAMP</b>	<b>04/02/26</b>		<b>P01303468</b>
	Firm's name	Firm's EIN			
	<b>GRASSI CO. CPA'S P.C.</b>	<b>11-3266576</b>			
	Firm's address	Phone no.			
	<b>360 MADISON AVENUE, 3RD FLOOR NEW YORK, NY 10017</b>	<b>212-661-6166</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
TO HELP ALL PEOPLE ACHIEVE MENTAL AND EMOTIONAL WELL-BEING THROUGH  
GROUNDBREAKING SOLUTIONS THAT DELIVER HIGH-QUALITY SUPPORT WHEN,  
WHERE, AND HOW THEY NEED IT.

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 \$ 262,579,932. including grants of \$ 190,500,029. ) (Revenue \$ 501,451. )  
THE 988 SUICIDE & CRISIS LIFELINE (988 LIFELINE) PROVIDES JUDGMENT-FREE  
SUPPORT TO PEOPLE WITH MENTAL HEALTH, SUICIDE, AND SUBSTANCE USE  
PROBLEMS 24 HOURS A DAY, 7 DAYS A WEEK ACROSS THE U.S. AND ITS  
TERRITORIES AND TRIBES. FORMERLY KNOWN AS THE NATIONAL SUICIDE  
PREVENTION HOTLINE, THE 988 LIFELINE IS A NATIONAL NETWORK COMPRISED OF  
OVER 200 LOCAL, INDEPENDENT CRISIS CONTACT CENTERS STAFFED WITH CARING,  
SKILLED 988 COUNSELORS WHO ANSWER TEXTS, CALLS, AND CHATS. (CONTINUED  
ON SCHEDULE O).

4b (Code: ) (Expenses \$ 40,116,161. including grants of \$ ) (Revenue \$ 2,476,873. )  
HERE2HELP CONNECT CRISIS CONTACT CENTER 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 460,000 CONTACTS PER YEAR. (CONTINUED ON SCHEDULE  
O).

4c (Code: ) (Expenses \$ 12,212,615. including grants of \$ ) (Revenue \$ 2,231,030. )  
VIBRANT 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, VIBRANT'S COMMUNITY PROGRAMS PROVIDE A WEALTH OF INFORMATION TO  
FAMILIES AND YOUNG PEOPLE. THE FAMILY RESOURCE CENTERS ARE LOCATED IN  
BRONX, MANHATTAN, AND QUEENS AND SERVE APPROXIMATELY 3,000 YOUTH AND  
PARENTS EACH YEAR. (CONTINUED ON SCHEDULE O).

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 425,117. including grants of \$ ) (Revenue \$ 353,215.)

4e Total program service expenses 315,333,825.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 21 rows of questions regarding organizational reporting requirements.

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions and numerical inputs.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
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 - (212) 254-0333
80 PINE STREET, 19TH FLOOR, NEW YORK, NY 10005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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 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 CEO	35.00			X			491,000.	0.	13,433.	
(2) GRANT RIEWE CTO (ENDED 4/24)	35.00				X		382,182.	0.	33,583.	
(3) TIA DOLE CHIEF 988 LIFELINE OFFICER	35.00				X		344,232.	0.	61,762.	
(4) ALISON LEWIS COO	35.00				X		366,209.	0.	39,072.	
(5) LESLEIGH IRISH-UNDERWOOD CHIEF EXTERNAL AFFAIRS OFFICER (ENDE	35.00				X		316,489.	0.	65,373.	
(6) LISA JONES-CHANDLER CCO (ENDED 5/25)	35.00				X		296,838.	0.	62,705.	
(7) CARA MCNULTY CEO (STARTED 7/24)	35.00			X			250,986.	0.	25,092.	
(8) DAVID GREENBERG CFO (STARTED 5/24)	35.00			X			193,730.	0.	26,189.	
(9) KAREN WEGMAN CFO (ENDED 4/1/24)	35.00			X			96,426.	0.	9,946.	
(10) JENNIFER ASHLEY BOARD CHAIR	1.00	X		X			0.	0.	0.	
(11) MICHAEL NISSAN VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) SCOTT CUTLER TREASURER	35.00	X		X			0.	0.	0.	
(13) ROBERT M. CHANG SECRETARY	35.00	X		X			0.	0.	0.	
(14) BRUCE J. SCHWARTZ DIRECTOR	1.00	X					0.	0.	0.	
(15) CHARLES FITZGERALD DIRECTOR	1.00	X					0.	0.	0.	
(16) GRANT BRENNER, M.D. DIRECTOR	1.00	X					0.	0.	0.	
(17) JOHN D. ROBINSON DIRECTOR	1.00	X					0.	0.	0.	

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**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 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			
(18) JOSEPH F. PEYRONNIN, III DIRECTOR	1.00	X					0.	0.	0.	
(19) LAWRENCE CALCANO DIRECTOR	1.00	X					0.	0.	0.	
(20) LINDA LINDMAN DIRECTOR	1.00	X					0.	0.	0.	
(21) MEYER MINTZ DIRECTOR	1.00	X					0.	0.	0.	
(22) ROBERT NASH DIRECTOR	1.00	X					0.	0.	0.	
(23) SANDER KOYFMAN DIRECTOR	1.00	X					0.	0.	0.	
(24) SETH FEUERSTEIN VICE CHAIR	1.00	X		X			0.	0.	0.	
(25) TUHINA DE O'CONNOR DIRECTOR	1.00	X					0.	0.	0.	
(26) DR. FLORDIA STARKS VICE CHAIR	1.00	X		X			0.	0.	0.	
<b>1b Subtotal</b>							2,738,092.	0.	337,155.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,738,092.	0.	337,155.	

**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 8

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<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>	4	X
<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>	5	X

**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
ACCENTURE LLP 395 9TH AVENUE, NEW YORK, NY 10001	IT SERVICES	6,371,836.
THE SIEGFRIED GROUP, LLP, 1201 N MARKET STREET, SUITE 700, WILMINGTON, DE 19801	CONSULTING	1,856,474.
ARTEFACT, 619 WESTERN AVENUE, SUITE 620, SEATTLE, WA 98104	RESEARCH AND ANALYSIS	802,092.
LOEB & LOEB LLP, 10100 SANTA MONICA BLVD SUITE 2200, LOS ANGELES, CA 90067	TEMPORARY STAFFING	576,698.
KPMG LLP DEPT 05111, DALLAS, TX 75312	TEMPORARY STAFFING	497,697.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 22

SEE PART VII, SECTION A CONTINUATION SHEETS



**THE MENTAL HEALTH ASSOCIATION OF  
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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</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>	336,087,480.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,382,883.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			338470363.			
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICE FEES	<b>Business Code</b>					
		624200	5,562,569.	5,562,569.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			5,562,569.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,535,218.			3535218.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			347568150.	5,562,569.	0.	3535218.	

**THE MENTAL HEALTH ASSOCIATION OF  
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**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	189,707,221.	189,707,221.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	792,808.	792,808.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,706,211.		1,706,211.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	76,485,592.	62,628,965.	13,039,035.	817,592.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,639,456.	2,301,030.	308,636.	29,790.
<b>9</b> Other employee benefits	11,344,369.	9,835,698.	1,381,335.	127,336.
<b>10</b> Payroll taxes	6,074,257.	5,243,775.	762,595.	67,887.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,267,274.		1,267,274.	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	76,242.		76,242.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	45,608,114.	30,000,827.	15,339,856.	267,431.
<b>12</b> Advertising and promotion	5,098,514.	4,649,924.	440,847.	7,743.
<b>13</b> Office expenses	1,150,938.	1,046,213.	100,308.	4,417.
<b>14</b> Information technology	6,269,092.	5,620,555.	645,462.	3,075.
<b>15</b> Royalties				
<b>16</b> Occupancy	3,677,126.	2,428,155.	1,248,932.	39.
<b>17</b> Travel	1,419,760.	935,157.	472,394.	12,209.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	488,650.		488,650.	
<b>23</b> Insurance	436,428.	83.	436,345.	
<b>24</b> 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.)				
<b>a</b> <b>BAD DEBT EXPENSE</b>	2,518,586.		2,518,586.	
<b>b</b> <b>MISCELLANEOUS</b>	1,709,647.	34,401.	1,675,240.	6.
<b>c</b> <b>STAFF TRAINING AND RECR</b>	476,079.	63,531.	412,548.	
<b>d</b> <b>REPAIRS &amp; MAINTENANCE</b>	84,171.	45,482.	38,689.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	359,030,535.	315,333,825.	42,359,185.	1,337,525.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**THE MENTAL HEALTH ASSOCIATION OF  
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Form 990 (2024)

**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 .....	18,282,611.	<b>1</b>	16,524,338.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	52,994,603.	<b>3</b>	78,200,577.
	<b>4</b> Accounts receivable, net .....	5,931,115.	<b>4</b>	1,147,738.
	<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 .....		<b>5</b>	
	<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) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,940,044.	<b>9</b>	3,334,728.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,443,249.		
	<b>b</b> Less: accumulated depreciation .....	834,777.		
		2,097,122.	<b>10c</b>	1,608,472.
	<b>11</b> Investments - publicly traded securities .....	44,648,966.	<b>11</b>	41,167,885.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	31,077,240.	<b>15</b>	29,843,319.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	156,971,701.	<b>16</b>	171,827,057.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,287,024.	<b>17</b>	13,468,279.
	<b>18</b> Grants payable .....	39,517,594.	<b>18</b>	36,207,641.
	<b>19</b> Deferred revenue .....	12,371,105.	<b>19</b>	27,141,546.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	33,341,800.	<b>25</b>	42,249,272.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	93,517,523.	<b>26</b>	119,066,738.
<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 .....	63,454,178.	<b>27</b>	52,760,319.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<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 .....	63,454,178.	<b>32</b>	52,760,319.
<b>33</b> Total liabilities and net assets/fund balances .....	156,971,701.	<b>33</b>	171,827,057.	

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**THE MENTAL HEALTH ASSOCIATION OF  
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**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>	347,568,150.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	359,030,535.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-11,462,385.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	63,454,178.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	768,526.
<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>	0.
<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>	52,760,319.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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.	<b>X</b>	
<b>3a</b>	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>X</b>	
<b>b</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 _____	<b>X</b>	

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Schedule A (Form 990) 2024

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**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	89959487.	118776814	326921266	314560377	338470363	1188688307.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	89959487.	118776814	326921266	314560377	338470363	1188688307.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1188688307.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	89959487.	118776814	326921266	314560377	338470363	1188688307.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	123,695.	20,559.	1057097.	2409219.	3535218.	7145788.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						1195834095.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	26,776,602.
<b>13 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 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.40	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	99.58	%
<b>16a 33 1/3% support test - 2024.</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 33 1/3% support test - 2023.</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 10% -facts-and-circumstances test - 2024.</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 10% -facts-and-circumstances test - 2023.</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 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"/>

Schedule A (Form 990) 2024

THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.

Schedule A (Form 990) 2024

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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

**THE MENTAL HEALTH ASSOCIATION OF  
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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

THE MENTAL HEALTH ASSOCIATION OF  
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**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2024

THE MENTAL HEALTH ASSOCIATION OF  
NEW YORK CITY, INC.

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

THE MENTAL HEALTH ASSOCIATION OF  
NEW YORK CITY, INC.

Schedule A (Form 990) 2024

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

Lined area for supplemental information.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**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

**Open to Public Inspection**

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

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

	(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).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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.

	Held at the End 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? .....

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)? .....

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) (Rev. 12-2024)

THE MENTAL HEALTH ASSOCIATION OF

Schedule D (Form 990) (Rev. 12-2024) NEW YORK CITY, INC.

**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				
d Equipment				
e Other		2,443,249.	834,777.	1,608,472.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,608,472.

THE MENTAL HEALTH ASSOCIATION OF

Schedule D (Form 990) (Rev. 12-2024) NEW YORK CITY, INC.

**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> (Col. (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> (Col. (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) SECURITY DEPOSITS	357,097.
(2) OPERATING RIGHT OF USE ASSETS	29,486,222.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	29,843,319.

**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 LIABILITIES	33,147,037.
(3) DUE TO GOVERNMENT AGENCIES	9,102,235.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	42,249,272.

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 ...

THE MENTAL HEALTH ASSOCIATION OF

Schedule D (Form 990) (Rev. 12-2024) NEW YORK CITY, INC.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 347,568,150.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 359,030,535.

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.

PART X, LINE 2:

THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION BELIEVES THAT IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2022.



THE MENTAL HEALTH ASSOCIATION OF

Schedule G (Form 990) (Rev. 12-2024) NEW YORK CITY, INC.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

THE MENTAL HEALTH ASSOCIATION OF

Schedule G (Form 990) (Rev. 12-2024) NEW YORK CITY, INC.

13-2637308 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: MGA FUNDRAISING

(I) ADDRESS OF FUNDRAISER: 158 CAMBRIDGE COURT, CLIFTON, NJ 07011

**PART I, LINE 2B, COLUMN (V):**

MGA FUNDRAISING PROVIDED PROFESSIONAL FUNDRAISING SERVICES BY ASSISTING WITH BEST PRACTICES IMPLEMENTATION, STREAMLINING DONATION PROCESSING AND ACKNOWLEDGEMENT, AND OVERALL DONOR DATABASE MANAGEMENT INCLUDING GIFT PROCESSING AND DONOR PIPELINE DEVELOPMENT.

THE MENTAL HEALTH ASSOCIATION OF  
NEW YORK CITY, INC.

Schedule G (Form 990)

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**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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
211 TAMPA BAY CARES DBA FIRST CONTACT - 5500 RIO VISTA DRIVE, SUITE 5500 - CLEARWATER, FL 33760	59-3355555		2,915,823.	0.			LIFELINE SERVICES
BALTIMORE CRISIS RESPONSE INC 5124 GREENWICH AVENUE BALTIMORE, MD 21229	52-1799922		2,231,555.	0.			LIFELINE SERVICES
CENTERSTONE PO BOX 197520 NASHVILLE, TN 37219	62-1674308		22,178,960.	0.			LIFELINE SERVICES
COMMUNITY CRISIS SERVICES AND FOOD BANK - 1121 GILBERT COURT - IOWA CITY, IA 52240	42-0955992	501(C)(3)	3,699,355.	0.			LIFELINE SERVICES
COMMUNITY CRISIS SERVICES INC PO BOX 149 HYATTSVILLE, MD 20781	52-1634738	501(C)(3)	5,085,711.	0.			LIFELINE SERVICES
CONTACT CARE LINE INC PO BOX 4641 OAK RIDGE, TN 37831	62-0912261	501(C)(3)	3,687,926.	0.			LIFELINE SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 38.
- 3 Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

Schedule I (Form 990) (Rev. 12-2024)

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

Schedule I (Form 990)

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Page 1

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CRISIS TEXT LINE INC. 24 WEST 25TH STREET, 6TH FLOOR NEW YORK, NY 10010	46-5039599	501(C)(3)	21,334,559.	0.			LIFELINE SERVICES
DEAFLEAD 105 BRIGHT STAR DRIVE COLUMBIA, MO 65203	43-1688120	501(C)(3)	13,001,713.	0.			LIFELINE SERVICES
DIDI HIRSCH MENTAL HEALTH SERVICES 4760 S. SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)	5,992,468.	0.			LIFELINE SERVICES
EMPACT - SPC 618 MADISON DR. TEMPE, AZ 85281	74-2562293	501(C)(3)	14,031,672.	0.			LIFELINE SERVICES
EVERYMIND 1000 TWINBROOK PKWY ROCKVILLE, MD 21044	52-0681147	501(C)(3)	1,935,461.	0.			LIFELINE SERVICES
FIRST CHOICE SERVICES INC 1 HILLCREST DRIVE CHARLESTON, WV 25311	26-2900507	501(C)(3)	3,401,931.	0.			LIFELINE SERVICES
GRASSROOTS CRISIS INTERVENTION CENTER - 6700 FREETOWN ROAD - COLUMBIA, MD 21044	52-0909351	501(C)(3)	8,106,463.	0.			LIFELINE SERVICES
GRYPHON PLACE 3245 SOUTH 8TH STREET KALAMAZOO, MI 49009	38-2808685	501(C)(3)	2,101,425.	0.			LIFELINE SERVICES
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 32804	59-0808854	501(C)(3)	73,096.	0.			LIFELINE SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

13-2637308

Page 1

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

(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 non-cash assistance	(h) Purpose of grant or assistance
HEARTLINE 2401 NW 23RD STREET, SUITE 19 OKLAHOMA CITY, OK 73107	73-0800311	501(C)(3)	4,957,602.	0.			LIFELINE SERVICES
HOPELINK BEHAVIORAL HEALTH 5501 DELMAR BLVD, SUITE B300 ST. LOUIS, MO 63112	54-0880899	501(C)(3)	8,707,663.	0.			LIFELINE SERVICES
LINES FOR LIFE - 1 5100 SW MACADAM AVENUE, SUITE 400 PORTLAND, OR 97239	93-0725294	501(C)(3)	2,974,549.	0.			LIFELINE SERVICES
MADE BY WE 902 BROADWAY NEW YORK, NY 10010	46-1411907	501(C)(3)	21,250.	0.			LIFELINE SERVICES
MENTAL HEALTH AND ANTI ADDICTION PO BOX 607087 BAYAMON, PR 00960	66-0559418	501(C)(3)	197,166.	0.			LIFELINE SERVICES
NETCARE ACCESS FISCAL DEPARTMENT, 199 SOUTH CENTRAL AVENUE - COLUMBUS, OH 43223	31-0814079	501(C)(3)	4,799,792.	0.			LIFELINE SERVICES
PROTOCOL SERVICES INC 621 SW ALDER, SUITE 400 PORTLAND, OR 97025	91-1829097	501(C)(3)	14,161,761.	0.			LIFELINE SERVICES
PROVIDENT BEHAVIORAL HEALTH 2650 OLIVE STREET ST. LOUIS, MO 63103	43-0652630	501(C)(3)	215,788.	0.			LIFELINE SERVICES
RESPONSE CRISIS CENTER PO BOX 300 STONY BROOK, NY 11790	11-2308470	501(C)(3)	6,511,725.	0.			LIFELINE SERVICES

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NEW YORK CITY, INC.**

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Page 1

<b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments</b> (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
RUTGERS THE STATE UNIVERSITY DBA 33 KNIGHTSBRIDGE ROAD, EAST WING, 2 PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	6,803,588.	0.			LIFELINE SERVICES
SOLARI INC 1275 W. WASHINGTON STREET, SUITE 21 TEMPE, AZ 85281	26-0446321	501(C)(3)	4,789,646.	0.			LIFELINE SERVICES
THE TREVOR PROJECT INC PO BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	18,471,046.	0.			LIFELINE SERVICES
VOLUNTEERS OF AMERICA WW PO BOX 839 EVERETT, WA 98201	91-0577129	501(C)(3)	5,779,078.	0.			LIFELINE SERVICES
WELLSPACE HEALTH 777 12TH STREET, SUITE 250 SACRAMENTO, CA 95814	94-1713704	501(C)(3)	1,538,449.	0.			LIFELINE SERVICES

THE MENTAL HEALTH ASSOCIATION OF

Schedule I (Form 990) (Rev. 12-2024) NEW YORK CITY, INC.

13-2637308

**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 noncash assistance
STIPENDS - NATIONAL PROGRAMS	106	381,200.	0.		
STIPENDS - COMMUNITY SERVICE	51	80,712.	0.		
STIPENDS - ADMIN	2	8,671.	0.		

**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 HELD DEFRAID THE COST OF ATTENDING OUR PROGRAMS. ATTENDANCE IS TAKEN AND PAYMENTS ARE MADE AFTER SOMEONE PARTICIPATES. THE REPORTING ORGANIZATION MONITORS HOW THE STIPENDS ARE USED THROUGH PERFORMANCE METRICS OUTLINED IN THE AGREEMENT'S BETWEEN THE CENTERS AND THE ORGANIZATION, IN THAT EACH IS EXPECTED TO PERFORM CERTAIN ACTIVITIES AND/OR FUNCTIONS FOR A FLAT FEE, AND THE ORGANIZATION MONITORS THESE METRICS (CALL ANSWER RATES, COMPLETION OF REQUIRED TRAININGS AND ACCREDITATIONS, ETD.) AND COMMUNICATES REGULARLY WITH EACH CONTRACTED CENTER TO ASSURE THAT DELIVERABLES ARE MET.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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

Open to Public  
Inspection

Name of the organization **THE MENTAL HEALTH ASSOCIATION OF  
NEW YORK CITY, INC.** Employer identification number  
**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
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

THE MENTAL HEALTH ASSOCIATION OF

Schedule J (Form 990) (Rev. 12-2024) NEW YORK CITY, INC.

13-2637308

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIMBERLY WILLIAMS CEO	(i)	105,519.	0.	385,481.	5,352.	8,081.	504,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GRANT RIEWE CTO (ENDED 4/24)	(i)	347,182.	35,000.	0.	19,897.	13,686.	415,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIA DOLE CHIEF 988 LIFELINE OFFICER	(i)	326,732.	17,500.	0.	19,240.	42,522.	405,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALISON LEWIS COO	(i)	366,209.	0.	0.	30,500.	8,572.	405,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LESLEIGH IRISH-UNDERWOOD CHIEF EXTERNAL AFFAIRS OFFICER (ENDE	(i)	201,489.	15,000.	100,000.	30,500.	34,873.	381,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LISA JONES-CHANDLER CCO (ENDED 5/25)	(i)	276,838.	20,000.	0.	23,000.	39,705.	359,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARA MCNULTY CEO (STARTED 7/24)	(i)	250,986.	0.	0.	10,577.	14,515.	276,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID GREENBERG CFO (STARTED 5/24)	(i)	193,730.	0.	0.	18,819.	7,370.	219,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE MENTAL HEALTH ASSOCIATION OF

Schedule J (Form 990) (Rev. 12-2024) NEW YORK CITY, INC.

13-2637308

**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.**

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>ADVERTISING</u> )	X	1	60,000.	FMV
26 Other ( <u>EVENT COSTS</u> )	X	1	3,505.	FMV
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

THE MENTAL HEALTH ASSOCIATION OF  
NEW YORK CITY, INC.

Schedule M (Form 990) 2024

13-2637308

Page 2

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.</b>	Employer identification number <b>13-2637308</b>
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**  
TO PROMOTE MENTAL HEALTH CARE THROUGH AN ARRAY OF SERVICE PROGRAMS,  
WITH ADVOCACY AND EDUCATION BY IDENTIFYING UNMET NEEDS AND DEVELOPING  
CULTURALLY SENSITIVE SOLUTIONS.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**  
THE 988 LIFELINE WAS BUILT TO ADDRESS THE GROWING MENTAL HEALTH CRISIS,  
CREATE A ROBUST CRISIS CARE RESPONSE SYSTEM ACROSS THE COUNTRY THAT  
LINKS PEOPLE TO COMMUNITY-BASED PROVIDERS, AND CONNECT PEOPLE IN NEED  
TO IMMEDIATE SUPPORT AS WELL AS TOOLS AND RESOURCES THAT CAN HELP  
PREVENT FUTURE CRISIS SITUATIONS. THE 988 LIFELINE IS FUNDED BY THE  
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND  
HAS BEEN ADMINISTERED BY VIBRANT EMOTIONAL HEALTH SINCE ITS INCEPTION  
IN 2005.

**DISASTER SERVICES:** VIBRANT'S DISASTER SERVICES TEAM PROVIDES TRAINING  
AND DISASTER RESPONSE PREPARATION TRAINING THROUGH ITS CRISIS EMOTIONAL  
CARE TEAM ACROSS THE UNITED STATES. DISASTER SERVICES ALSO NEWLY HOUSES  
THE STARS OF HOPE PROGRAM.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**  
MAJOR PROGRAMS INCLUDE: NYC988 - 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.  
NYC988 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  
STRUGGLING WITH SUBSTANCE ABUSE OR GAMBLING ADDICTION AND NEEDS A  
REFERRAL FOR TREATMENT;  
THE NFL LIFELINE, WHICH IS AVAILABLE TO NFL PLAYERS, FORMER PLAYERS,  
FAMILY OF PLAYERS, AND STAFF TO SUPPORT MENTAL AND EMOTIONAL CRISES  
TWO PROGRAMS WITH UNITED FEDERATION OF TEACHERS. ONE IS BRAVELINE WHICH  
PROVIDES TELEPHONE, WEBCHAT, AND SMS TEXT MESSAGING SUPPORT TO NYC  
PUBLIC SCHOOL STUDENTS IMPACTED BY BULLYING. THE SECOND IS THE MEMBER  
ASSISTANCE PROGRAM, UFT-FOR-U, FOR THE OVER 200,000 UFT MEMBERS ACROSS  
NYC IN EMOTIONAL OR MENTAL HEALTH CRISES.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**  
THE ADOLESCENT SKILLS CENTERS CO-LOCATED ON SITE WITH FAMILY RESOURCE  
CENTERS PROVIDE EDUCATIONAL AND VOCATIONAL SERVICES TO YOUNGSTERS AGES  
16-21 YEARS OF AGE WHILE ALSO ENSURING THAT THEY ARE CONNECTED TO  
APPROPRIATE COMMUNITY SUPPORTS. COMMUNITY PROGRAMS IS A COLLECTIVE 13  
DIRECT SERVICE TEAMS SERVING PRIMARILY YOUTH AND FAMILIES, BUT ALSO  
PROVIDES INTENSIVE CARE FOR OLDER ADULTS THROUGH OUR ASSERTIVE  
COMMUNITY TREATMENT (ACT) TEAM.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**  
THE CENTER FOR LEARNING AND DEVELOPMENT: VIBRANT'S EXTERNAL-FACING  
TRAINING DEPARTMENT THAT FOCUSES ON MENTAL HEALTH FUNDAMENTALS, CRISIS  
RESPONSE TRAINING, DEESCALATION TRAINING, CASE MANAGEMENT TRAINING, AND  
MANY OTHER EDUCATIONAL OPPORTUNITIES FOR ANY EXTERNAL PARTNER

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC.	Employer identification number	13-2637308
ORGANIZATIONS, AS WELL AS INTERNAL DIRECT SERVICE TEAMS.			
EXPENSES \$ 425,117. INCLUDING GRANTS OF \$ 0. REVENUE \$ 353,215.			

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY CONTROLLER AND CFO. THE FORM 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 COI POLICY AND EITHER AFFIRM THAT THERE IS NO CONFLICT OR REPORT ANY POTENTIAL CONFLICTS IN WRITING ANNUALLY. EMPLOYEES ACKNOWLEDGE AND AFFIRM OR REPORT CONFLICTS UPON HIRING. IN SEPTEMBER, ALL KEY EMPLOYEES ARE REQUIRED, THROUGH OUR PERSONNEL SYSTEM TO AFFIRM NO CONFLICTS OF INTEREST OR COMPLETE A FORM DESCRIBING THE POTENTIAL CONFLICT. THE FORM IS SENT TO OUR GENERAL COUNSEL TO EVALUATE AND TAKE ANY NECESSARY ACTION. IN DECEMBER, ALL MEMBERS OF THE BOARD OF DIRECTORS ARE SENT CONFLICT OF INTEREST FORMS ON WHICH THEY ATTEST THAT THEY HAVE NO CONFLICTS OR DISCLOSE ANY POTENTIAL CONFLICTS. ADMINISTRATIVE STAFF ENSURES THAT ALL FORMS ARE RETURNED. OUR GENERAL COUNSEL EVALUATES ALL POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION OF THE EXECUTIVE STAFF, INCLUDING THE CEO, COO, AND ALL VPS. THE CEOS COMPENSATION PACKAGE IS RECOMMENDED BY THE COMPENSATION COMMITTEE OF THE BOARD AFTER A CAREFUL REVIEW OF THE CEOS 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.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED AND SUBCONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	8,251,521.
FUNDRAISING EXPENSES	12,260.
TOTAL EXPENSES	8,263,781.

SUBAWARD EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	36,124.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,124.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	30,000,827.
MANAGEMENT AND GENERAL EXPENSES	7,052,211.
FUNDRAISING EXPENSES	255,171.
TOTAL EXPENSES	37,308,209.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	45,608,114.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

