

**CHAR500
Online**For new annual filings,
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
charitiesnys.com**Open to Public
Inspection**

Filing Type:

 New Filing AmendmentFiling Year: 2022**General Information**

Current Organization Name:	<u>Mental Health Association of New York City, Inc. (The)</u>	Updated Name:	<u>N/A</u>
NY Registration Number:	<u>01-96-16</u>	Registration Category:	<u>DUAL</u>
Organization Type:	<u>Corporation</u>	EIN:	<u>132637308</u>
Current Fiscal Year End:	<u>06/30</u>	Updated Fiscal Year End:	<u>N/A</u>
Organization Email:	<u>TButtacavoli@vibrant.org</u>	Organization's Phone:	<u>212-254-0333</u>
Tax Exempt Status:	<u>501(c)(3)</u>	Website:	<u>WWW.VIBRANT.ORG</u>

Organization Address

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

Primary Contact Information

First Name: Thomas P. Last Name: Buttacavoli Title: Controller
 Phone: (212)254-0333 Email: TButtacavoli@vibrant.org

Organization Type

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

Third Party Preparer Information

First Name: Hao Last Name: Liu Title: Tax Senior Associate
 Firm Name: BDO USA Phone: 6319271023 Email: hao.liu@bdo.com

Third Party Address

Street: 201 Old Country Road, Suite 300
 City: Melville State: NY
 Zip: 11747 Country: United States

Registration Category

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

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

Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year in New York State?
 Yes No
3. Choose the total contributions in New York State this fiscal year: \$10,000,000-\$50,000,00

Annual Exemptions

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

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

Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 332,408,073
 Organization's total contributions: 326,921,266 Organization's total assets: N/A
 Organization's net assets: 81,838,926 Organization's total revenue and contributions: N/A
 Organization's total liabilities: N/A Organization's total assets/worth: N/A
 Organization's total income: N/A

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

Closing Withdrawing Dissolving None

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

Filing Information

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

Yes No

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

Did the organization receive government grants during this fiscal year?

Yes No

Government Grant Agency	Grant Amount
Department of Health & Human Services	\$252,080,621.00
NYC Dept of Health & Mental Hygiene	\$40,334,784.33
VETERANS' AFFAIRS ADMINISTRATION	\$14,153,950.84
NYC Administration for Children's Services	\$4,356,524.01
	To be continued in Appendix page 2

Documents

Attached organization's required documents:

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

Signatures

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

Role	First Name	Last Name	Email
President	Alison	Lewis	alewis@vibrant.org
Chief Financial Officer	Grant	Riewe	GRiewe@vibrant.org

Signature of
President

DocuSigned by:

Alison Lewis

F4F31597906648E...

Date:

5/15/2024

Signature of
Chief Financial Officer

DocuSigned by:

Grant Riewe

7412DD752D854EE...

Date:

5/15/2024

