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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01 , 2012, and ending 06/30 , 20 13

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC.
Doing Business As MHA-NYC
Number and street (or P.O. box if mail is not delivered to street address) 50 BROADWAY
Room/suite 19TH FLOOR
City, town or post office, state, and ZIP code NEW YORK, NY 10004-3814

D Employer identification number 13-2637308

E Telephone number (212)-254-0333

G Gross receipts $ 16,050,495

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MHAOFNYC.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1964

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF MENTAL HEALTH ASSOCIATION IS TO PROMOTE MENTAL HEALTH CARE IN NEW YORK CITY THROUGH SERVICE, ADVOCACY, AND EDUCATION BY IDENTIFYING UNMET NEEDS AND DEVELOPING CULTURALLY SENSATIVE SOLUTIONS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	265
6	Total number of volunteers (estimate if necessary)	6	28
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,997,844	11,690,065
9	Program service revenue (Part VIII, line 2g)	1,638,665	4,108,658
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,081	1,713
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,640,590	15,800,436
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,953,697	10,670,661
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,273,984	5,068,059
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,227,681	15,738,720
19	Revenue less expenses. Subtract line 18 from line 12	412,909	61,716

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,950,918	7,072,382
21	Total liabilities (Part X, line 26)	2,275,079	2,334,827
22	Net assets or fund balances. Subtract line 21 from line 20	4,675,839	4,737,555

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer GISELLE SOLPER PRESIDENT/CEO. Date 5/14/14

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2012)

SCANNED JUN 24 2014

918 13

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 $ 5,137,903 including grants of $) (Revenue $)

ATTACHMENT 2

4b (Code:) (Expenses $ 3,422,490 including grants of $) (Revenue $)

ATTACHMENT 3

4c (Code:) (Expenses $ 3,343,057 including grants of $) (Revenue $)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.)
(Expenses $ 496,350 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 12,399,800.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		✓
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✓	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	68		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	265		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . .				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country: ▶ ..... See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** *Did the supporting organization, or a donor advised fund maintained by a sponsoring* organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .	14b			

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 in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI . . . . . ☐

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.

☐ Own website ☐ Another's website ☐ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ WILLIAM ADLER 50 BROADWAY, 19TH FLOOR, NEW YORK, NY 10004

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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN J DANEHY CHAIRMAN	.50	✓		✓				0	0	0
(2) JOSEPH F PEYRONNIN III EXECUTIVE VICE CHAIR	.50	✓		✓				0	0	0
(3) WILLIAM L SOUTHARD DIRECTOR	.50	✓						0	0	0
(4) CYNTHIA ZIRINSKY VICE CHAIR	.50	✓		✓				0	0	0
(5) ALAN RUTSKY TREASURER	.50	✓		✓				0	0	0
(6) ROBERT P BORSODY ESQ SECRETARY	.50	✓		✓				0	0	0
(7) CAROL J ANTLER, LCSW DIRECTOR	.50	✓						0	0	0
(8) RUSSEL M BANKS DIRECTOR	.50	✓						0	0	0
(9) FRANK BRANCHINI DIRECTOR	.50	✓						0	0	0
(10) SAMUEL L BROOKFIELD DIRECTOR	.50	✓						0	0	0
(11) HILARY CASTILLO DIRECTOR	.50	✓						0	0	0
(12) ROBERT M CHANG DIRECTOR	.50	✓						0	0	0
(13) RICHARD CLARK DIRECTOR	.50	✓						0	0	0
(14) SCOTT CUTLER VICE CHAIR	.50	✓		✓				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBERT DEVINE DIRECTOR	.50	✓						0	0	0
(16) TOVA D FRIEDLER USDAN, PHD DIRECTOR	.50	✓						0	0	0
(17) DIANA GAINES DIRECTOR	.50	✓						0	0	0
(18) LYNDA GARDNER DIRECTOR	.50	✓						0	0	0
(19) MEYER MINTZ, CPA, JD, LLM DIRECTOR	.50	✓						0	0	0
(20) ROBERT NASH ESQ DIRECTOR	.50	✓						0	0	0
(21) MICHAEL NISSAN ESQ DIRECTOR	.50	✓						0	0	0
(22) CORBETT A PRICE DIRECTOR	.50	✓						0	0	0
(23) JOHN D ROBINSON DIRECTOR	.50	✓						0	0	0
(24) BRUCE SCHWARTZ, MD DIRECTOR	.50	✓						0	0	0
(25) HOWARD F SHARFSTEIN ESQ DIRECTOR	.50	✓						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		
4	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? *If "Yes," complete Schedule J for such individual*		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ANN M SULLIVAN, MD	50									
DIRECTOR		✓						0	0	0
(27) LAWRENCE CALCANO	50									
DIRECTOR		✓						0	0	0
(28) TUHINA DE O'CONNOR	50									
DIRECTOR		✓						0	0	0
(29) GISELLE STOLPER, EDM	30									
PRESIDENT AND CEO	5			✓		✓		275,073		22,126
(30) JOSHUA RUBIN	35									
VICE PRESIDENT AND COO				✓				181,541		36,014
(31) KATHRYN SALISBURY	35									
VP OF PROGRAMS				✓				156,131		28,409
(32) JOHN DRAPER	5									
PRESIDENT (LINK2HEALTH SOLUTIONS INC)	30			✓				23,610	129,715	33,808
(33) SUSAN GRUNDBERG	35									
DIRECTOR OF CHILDREN & FAMILY SERVICES	0			✓				112,825		2,386
(34)										
(35)										
(36)										
1b Sub-total							▶	749,180	129,715	122,743
c Total from continuation sheets to Part VII, Section A							▶			
d Total (add lines 1b and 1c)							▶	749,180	129,715	122,743

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	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? *If "Yes," complete Schedule J for such individual*	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

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
HENRY A DLUGACZ, BELDOCK LEVINE & HOFFMAN LLP	LEGAL SERVICE	132,247
99 PARK AVE, SUITE 1600, NEW YORK, NY 10016		
ERIK ROSKES, MD BRAD H. COMPLIANCE MONITOR	MEDICAL SERVICE	
2511 HAL CIRCLE, BALTIMORE, MD 21209		153,250

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 ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII. ☑

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	262,317			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	11,010,348			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	417,400			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a–1f ▶		11,690,065			
			Business Code				
Program Service Revenue	2a	SUBCONTRACTED SERVICES	900099	1,878,334	1,878,334		
	b	PROGRAM RENTAL INC.	532000	411,534	411,534		
	c	OTHER PROGRAM REVENUE	900099	588,913	588,913		
	d	MEDICAID REVENUE	900099	1,229,877	1,229,877		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶		4,108,658			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,713			1,713
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including $ 262,317 of contributions reported on line 1c). See Part IV, line 18 a		250,059			
	b	Less: direct expenses b		250,059			
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶					
	12	**Total revenue.** See instructions. ▶		15,800,436	4,108,658		1,713

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 to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	856,562	42,574	813,988	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,545,617	6,822,517	723,100	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	241,528	196,737	44,791	
9 Other employee benefits	1,383,231	910,093	473,138	
10 Payroll taxes	643,723	528,086	115,637	
11 Fees for services (non-employees):				
a Management				
b Legal	329,918	2,951	326,967	
c Accounting	71,420		71,420	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	587,877	394,552	193,325	
12 Advertising and promotion	6,771	1,894	4,877	
13 Office expenses	784,847	690,885	93,962	
14 Information technology				
15 Royalties				
16 Occupancy	2,045,812	1,678,455	367,357	
17 Travel	234,076	228,587	5,489	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	145,200	134,915	10,285	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	145,856	122,953	22,903	
23 Insurance	81,827	72,065	9,762	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	333,249	320,289	12,960	
b DUES AND SUBSCRIPTIONS	26,712	15,113	11,599	
c CLIENT FOOD	113,267	111,818	1,449	
d CLIENT STIPENDS	38,570	30,407	8,163	
e All other expenses	122,657	94,909	27,748	
25 Total functional expenses. Add lines 1 through 24e	15,738,720	12,399,800	3,338,920	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		11,550	1	325,000
	2	Savings and temporary cash investments		3,273,061	2	2,280,524
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,451,905	4	2,565,709
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		164,664	9	171,422
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,093,208			
	b	Less: accumulated depreciation	10b 2,582,523	342,338	10c	510,685
	11	Investments—publicly traded securities		247,946	11	111,212
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,459,454	15	1,107,830
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,950,918	16	7,072,382
Liabilities	17	Accounts payable and accrued expenses		1,446,750	17	1,867,807
	18	Grants payable			18	
	19	Deferred revenue		828,329	19	467,020
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	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			25	
	26	**Total liabilities.** Add lines 17 through 25		2,275,079	26	2,334,827
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,566,251	27	4,734,739
	28	Temporarily restricted net assets		109,588	28	2,816
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,675,839	33	4,737,555
	34	Total liabilities and net assets/fund balances		6,950,918	34	7,072,382

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,800,436
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,738,720
3	Revenue less expenses. Subtract line 2 from line 1	3	61,716
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,675,839
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,737,555

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	✓	
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 in Schedule O and describe any steps taken to undergo such audits	3b	✓	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,789,672	11,545,028	11,694,966	12,997,844	11,690,065	59,717,575
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	11,789,672	11,545,028	11,694,966	12,997,844	11,690,065	59,717,575
5 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)						
6 **Public support.** Subtract line 5 from line 4.						59,717,575

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	11,789,672	11,545,028	11,694,966	12,997,844	11,690,065	59,717,575
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,470	4,574	4,020	4,081	1,713	43,858
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						59,761,433

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five 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

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99 93 %
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	99.15 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2011.** 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 **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2011.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five 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

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education) ☐ Preservation of an 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 in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ----------

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------
b Assets included in Form 990, Part X ▶ $

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 are a 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 programs
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" to 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? . . . ☐ 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" to 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 Temporarily restricted endowment ▶ _____ %

The percentages in 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" to 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. 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		666,026	458,414	207,612
d Equipment		1,594,456	1,426,534	167,922
e Other		832,726	697,575	135,151
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				510,685

Part VII Investments—Other Securities. 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)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	266,090
(2) DUE FROM AFFILIATE	555,416
(3) SECURITY DEPOSITS	286,324
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	1,107,830

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	16,050,495
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	250,059		
e	Add lines 2a through 2d			2e	250,059
3	Subtract line 2e from line 1			3	15,800,436
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	15,800,436

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

1	Total expenses and losses per audited financial statements			1	15,988,779
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	250,059		
e	Add lines 2a through 2d			2e	250,059
3	Subtract line 2e from line 1			3	15,738,720
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	15,738,720

Part XIII Supplemental Information

Complete this part to 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 XI 2D AND PART XII 2D AMOUNT REPRESENTS THE DIRECT FUND RAISING EXPENSE RELATED TO THE ANNUAL FUNDRAISING EVENT REPORTED ON IRS 990 PART VIII STATEMENT OF REVENUE AS PER LINE 8A

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

ASC 740

FORM 990, SCHEDULE D, PART X, LINE 2

THE CORPORATION ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CODIFIED IN ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE CORPORATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANACIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED THE CORPORATION'S TAX POSITIONS AND CONCLUDED THAT THE CORPORATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANACIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE CORPORATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD. THE CORPORATION DID NOT RECOGNIZE ANY TAX RELATED INTEREST AND PENALTIES FOR THE PERIOD IN QUESTION.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

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

Employer identification number
13-2637308

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	. . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to 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 GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	512,376			512,376
	2 Less: Contributions	262,317			262,317
	3 Gross income (line 1 minus line 2)	250,059			250,059
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	107,964			107,964
	7 Food and beverages				
	8 Entertainment	19,409			19,409
	9 Other direct expenses	122,686			122,686
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(250,059)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				0

Part III **Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate 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: _____

11 Does the organization operate 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 operated 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 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g., 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing 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.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in 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?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	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) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✓
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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?	6a		✓
b	Any related organization?	6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		✓
8	Were any amounts reported in 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	8		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 in 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 are not 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GISELLE STOLPER, PRESIDENT & CEO	(i)	260,073	0	15,000	18,458	3,668	297,199	
	(ii)	0	0	0	0	0	0	
2 JOSHUA RUBIN, VICE PRESIDENT& COO	(i)	181,541	0	0	11,844	24,170	217,555	
	(ii)	0	0	0	0	0	0	
3 KATHRYN SALISBURY VP OF PROGRAMS	(i)	156,131	0	0	9,900	18,509	184,540	
	(ii)	0	0	0	0	0	0	
4 JOHN DRAPER PRESIDENT (LINK2HEALTH SOLUTION INC.)	(i)	23,610	0	0	1,400	0	25,010	
	(ii)	129,715	0	0	8,238	24,170	162,123	
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

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

MEMBER ELECTION

FORM 990, PART VI, SECTION A, LINE 7A

THE MEMBER SHALL ELECT THE DIRECTORS OF THE CORPORATION AT THE FIRST ANNUAL MEETING OF THE MEMBER FOLLOWING THE INITIAL APPROVAL OF THE BYLAWS. AT THE SECOND ANNUAL MEETING OF THE MEMBER, AND AT THE ANNUAL MEETING HELD EVERY THREE YEARS THEREAFTER; THE MEMBER SHALL ELECT THE CLASS A DIRECTORS OF THE CORPORATION AT THE THIRD ANNUAL MEETING OF THE MEMBER AND AT THE ANNUAL MEETING HELD EVERY THREE YEARS THEREAFTER, THE MEMBER SHALL ELECT THE CLASS B DIRECTORS OF THE COPORATION. AT THE FOURTH ANNUAL MEETING OF THE MEMBER AND AT THE ANNUAL MEETING HELD EVERY THREE YEARS THEREAFTER, THE MEMBER SHALL ELECT THE CLASS C DIRECTORS OF THE CORPORATION.

990 REVIEW

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

A COPY OF THE 990 RETURN IS SENT ELECTRONICALLY TO BOARD MEMBERS PRIOR TO FILING WITH THE IRS

CONFLICT OF INTEREST

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY ASKING OFFICERS DIRECTORS TRUSTEES AND KEY EMPLOYEES TO DISCLOSE ANY CONFLICTS ON AN ANNUAL BASES.

COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15 A & B

THE CEO'S COMPENSATION PACKAGE IS RECOMMENDED BY THE COMPENSATION SUBCOMMITTEE OF THE BOARD AFTER A CAREFUL REVIEW OF THE CEO'S PERFORMANCE AND A COMPARISON WITH CEO COMPENSATION AT SIMILAR ORGANIZATIONS THE FULL BOARD REVIEWS AND APPROVES THE RECOMMENDATION.

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

Employer identification number: 13-2637308

MHA'S COMPENSATION PROGRAM IS DESIGNED TO PROVIDE FAIR AND EQUITABLE PAY FOR ALL EMPLOYEES AND TO ATTRACT QUALIFIED STAFF. SALARIES AND PERFORMANCE GENERALLY SHALL BE REVIEWED AT THE END OF EACH FISCAL YEAR. SALARIES INCREASES ARE SUBJECT TO PERFORMANCE AND FUNDING AVAILABILITY. THE DECISION REGARDING INCREASES IS BY THE EXECUTIVE DIRECTOR AND CONSENT OF THE BOARD OF DIRECTORS

GOVERNING DOCUMENTS

FORM 990, PART VI SECTION C, LINE 19

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION'S MISSION IS TO ADDRESS THE MENTAL HEALTH NEEDS IN NEW YORK CITY AND ACROSS THE NATION. MHA-NYC IS A LOCAL ORGANIZATION WITH NATIONAL IMPACT AND HAS A THREE PART MISSION OF SERVICES, ADVOCACY, AND EDUCATION. MHA-NYC IDENTIFIES UNMET NEEDS AND DEVELOPS CULTURALLY SENSITIVE PROGRAMS TO IMPROVE THE LIVES OF INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL ILLNESS WHILE PROMOTING THE IMPORTANCE OF MENTAL HEALTH.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHILD & FAMILY SERVICES: THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY IS COMMITTED TO WORKING WITH CHILDREN AND FAMILIES TO HELP PROVIDE RESOURCES AND TREATMENT TO ADDRESS MENTAL HEALTH CHALLENGES. WORKING IN COLLABORATION WITH PARENTS AND KIDS, MHA

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

Employer identification number: 13-2637308

ATTACHMENT 2 (CONT'D)

OFFERS NO-COST EDUCATION AND TRAINING CLASSES, SUPPORT GROUPS, AND RESPITE SERVICES. THE RESULTS SPEAK FOR THEMSELVES: IN OUR LAST FISCAL YEAR, OUR ADOLESCENT SKILLS CENTERS ACROSS NYC HELPED 41 CHILDREN ADVANCE A GRADE LEVEL, INCLUDING 9 WHO RECEIVED THEIR GEDS, AND HELPED 35 PREVIOUSLY UNEMPLOYED TEENAGERS FIND JOBS WITHIN OUR NEW FAMILY LINK / FAMILY LINK PLUS PROGRAM, OUR STAFF WORKED TO KEEP 77 BRONX, NY FAMILIES TOGETHER TO BUILD A BETTER FUTURE TOGETHER

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

LIFENET· LIFENET (1-800-LIFENET) IS NEW YORK CITY'S ONLY ACCREDITED, MULTILINGUAL, 24/7, CRISIS INTERVENTION HOTLINE EACH MONTH, LIFENET RECEIVES MORE THAN 10,000 CALLS FROM NEW YORKERS IN CRISIS. LIFENET WAS CENTRAL TO THE MENTAL HEALTH RESPONSE TO 9-11-01, ACTING AS THE CENTRAL HOTLINE WHERE THOSE IN EMOTIONAL DISTRESS COULD CALL FOR LOCAL RESOURCES. OVER THE LAST TEN YEARS, LIFENET HAS EXPANDED OUR SERVICES TO INCLUDE ASIAN LIFENET (1-877-AYUDESE) FOR MANDARIN AND CANTONESE SPEAKERS AS WELL AS SPANISH LIFENET (1-877-990-8585). SINCE 2009, CALLS TO LIFENET HAVE INCREASED 8 PERCENT- A REMINDER THAT THIS SERVICE IS BOTH IN DEMAND AND ESSENTIAL TO THE CITY'S OVERALL MENTAL HEALTH

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC.

Employer identification number

13-2637308

ATTACHMENT 4

FORM 990, PART III, LINE 4C - ADULT HOUSING AND REHABILITATION SERVICES

MHA-NYC PROVIDES A RANGE OF HOUSING AND TREATMENT SERVICES FOR ADULTS WITH MENTAL ILLNESS. CLASSES AND ACTIVITIES FOCUS ON BUILDING EDUCATIONAL, VOCATIONAL, AND SOCIAL COMPETENCE THROUGH WHICH CONSUMERS GAIN ESSENTIAL LIFE AND JOB SKILLS TO CREATE AN INDEPENDENT, FUNCTIONAL EXISTENCE. IN OUR LAST FISCAL YEAR, OUR RECOVERY WORKS PROGRAM PLACED 35 FORMERLY HOMELESS INDIVIDUALS INTO PERMANENT HOUSING AND OTHER PROGRAMS WORKED TO HELP OVER 500 CONSUMERS NAVIGATE THROUGH THE NYC HOUSING AUTHORITY, COURTS AND OTHER GOVERNMENT SYSTEMS

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

Employer identification number: 13-2637308

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
PUBLIC EDUCATION AND ADVOCACY		496,350	
TOTALS		496,350	

ATTACHMENT 6

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
GISELLE STOLPER, EDM	5 00
PRESIDENT AND CEO	
JOHN DRAPER	30 0
PRESIDENT (LINK2HEALTH SOLUTIONS INC)	

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GALA DINNER	262,317
TOTAL	262,317

ATTACHMENT 8

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
GALA DINNER	250,059	250,059
TOTAL	250,059	250,059

Name of the organization: MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC

Employer identification number: 13-2637308

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK BALANCE	COST OR FMV
MUTUAL FUNDS	111,212	FMV
TOTAL	111,212	

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC.

Employer identification number

13-2637308

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) LINK2HEALTH SOLUTIONS INC EIN:32-0134375 50 BROADWAY, 11TH FLOOR, NEW YORK, NY 10004	MENTAL HEALTH	NY	501 (C) (3)	7	N/A	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to related organization(s)	1b		✓
c	Gift, grant, or capital contribution from related organization(s)	1c		✓
d	Loans or loan guarantees to or for related organization(s)	1d		✓
e	Loans or loan guarantees by related organization(s)	1e		✓
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓	
o	Sharing of paid employees with related organization(s)	1o	✓	
p	Reimbursement paid to related organization(s) for expenses	1p	✓	
q	Reimbursement paid by related organization(s) for expenses	1q	✓	
r	Other transfer of cash or property to related organization(s)	1r		✓
s	Other transfer of cash or property from related organization(s)	1s		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) LINK2HEALTH SOLUTIONS INC.	N	263,562	FMV
(2) LINK2HEALTH SOLUTIONS INC.	O	81,942	FMV
(3) LINK2HEALTH SOLUTIONS INC.	Q	355,416	FMV
(4) LINK2HEALTH SOLUTIONS INC.	P	608,000	FMV
(5)			
(6)			

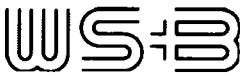
Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).



WithumSmith+Brown
A Professional Corporation
Certified Public Accountants and Consultants

THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY, INC. AND AFFILIATE

Consolidated Financial Statements

June 30, 2013 and 2012

With Independent Auditors' Reports

The Mental Health Association of New York City, Inc. and Affiliate
Table of Contents
June 30, 2013 and 2012

WithumSmith+Brown, PC
Certified Public Accountants and Consultants

One Spring Street
New Brunswick, New Jersey 08901 USA
732 828 1614 fax 732 828 5156
www withum com

Additional Offices in New Jersey,
New York, Pennsylvania, Maryland,
Florida, and Colorado

Independent Auditors' Report

To the Board of Directors,
The Mental Health Association of New York City, Inc.:

Report on the Financial Statements
We have audited the accompanying consolidated financial statements of The Mental Health Association of New York City, Inc. and Affiliate (the "Corporation'), which comprise the consolidated statement of financial position as of June 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the Corporation's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Mental Health Association of New York City, Inc. and Affiliate, as of June 30, 2013 and 2012, and the changes in its consolidated net assets and its consolidated cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters
Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements of financial position, operations and changes in net assets, functional expenses and statements of functional expenses -MHA and Link2 are also presented for additional analysis. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

Report on Summarized Comparative Information
We have previously audited The Mental Health Association of New York City, Inc and Affiliate's June 30, 2012 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our audit report dated February 28, 2013. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2012 is consistent, in all material respects, with the audited financial statements from which it has been derived.

William Smith + Brown, PC

December 30, 2013

The Mental Health Association of New York City, Inc. and Affiliate
Consolidated Statements of Financial Position
June 30, 2013 and 2012

	2013	2012
Assets		
Current assets		
Cash and cash equivalents	$ 3,182,700	$ 3,234,367
Investments, at fair value	111,212	247,946
Grants and contract services receivable (net of allowance for doubtful accounts of $68,213 and $315,000 for 2013 and 2012, respectively)	3,636,556	2,792,887
Other receivables	427,689	228,844
Prepaid expenses and other current assets	173,413	165,199
Total current assets	7,531,570	6,669,243
Furniture, equipment and leasehold improvements, net	529,966	356,808
Security deposits	286,324	270,126
	$ 8,347,860	$ 7,296,177
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	$ 1,111,844	$ 711,378
Accrued salary and related benefits	1,641,436	1,237,057
Refundable advances	926,412	828,329
Total current liabilities	3,679,692	2,776,764
Net assets		
Unrestricted	4,665,352	4,409,825
Temporarily restricted	2,816	109,588
Total net assets	4,668,168	4,519,413
	$ 8,347,860	$ 7,296,177

The Notes to Consolidated Financial Statements are an integral part of these statements.

The Mental Health Association of New York City, Inc. and Affiliate
Consolidated Statements of Operations and Changes in Net Assets
Year Ended June 30, 2013 (with Summarized Comparative Information for the Year Ended June 30, 2012)

	2013			2012
	Unrestricted	Temporarily Restricted	Total	Total
Revenue				
Federal grants	$ 6,964,089	$ --	$ 6,964,089	$ 9,322,998
New York State grants	1,341,055	--	1,341,055	1,426,858
New York City grants	8,682,643	--	8,682,643	8,153,604
Contract income	365,121	--	365,121	991,875
Subcontracted services	749,257	--	749,257	26,200
Foundation and corporate contributions	485,287	5,000	490,287	595,392
Individual contributions and bequests	14,086	--	14,086	28,494
Other program revenue	2,078,479	--	2,078,479	261,323
Medicaid revenue	1,229,877	--	1,229,877	257,080
Special events and fund-raising	512,376	--	512,376	459,094
Program rental income	147,972	--	147,972	145,961
Investment income	2,533	--	2,533	4,711
Net assets released from restrictions	111,772	(111,772)	--	--
	22,684,547	(106,772)	22,577,775	21,673,590
Expenses				
Program services	18,810,062	--	18,810,062	18,781,563
General and administrative	3,368,899	--	3,368,899	2,317,554
Fundraising	250,059	--	250,059	217,736
	22,429,020	--	22,429,020	21,316,853
Change in net assets	255,527	(106,772)	148,755	356,737
Net assets, beginning of year	4,409,825	109,588	4,519,413	4,162,676
Net assets, end of year	$ 4,665,352	$ 2,816	$ 4,668,168	$ 4,519,413

The Notes to Consolidated Financial Statements are an integral part of these statements.

The Mental Health Association of New York City, Inc. and Affiliate
Consolidated Statements of Functional Expenses
Year Ended June 30, 2013 (with Summarized Comparative Information for the Year Ended June 30, 2012)

	Program Services	General And Administrative	Fundraising	Totals 2013	Totals 2012
Salaries and wages	$ 8,449,627	$ 1,586,476	$ --	$ 10,036,103	$ 8,847,983
Fringe benefits	2,069,727	645,419	--	2,715,146	1,987,407
Contracted services	1,464,662	12,960	--	1,477,622	2,299,900
Professional fees	500,062	591,797	203,183	1,295,042	1,032,786
Subcontracted services	276,047	200,500	--	476,547	18,077
Consumable supplies, program activities and materials	199,118	18,829	7,141	225,088	499,962
Stipends and related expenses	1,359,960	14,003	--	1,373,963	2,639,225
Client food, welfare and program events	111,818	1,449	--	113,267	21,229
Occupancy	1,924,587	121,225	--	2,045,812	1,657,224
Equipment rental and minor equipment	185,420	26,631	23,500	235,551	367,604
Insurance	72,065	9,762	--	81,827	54,291
Repairs and maintenance	134,334	16,845	3	151,182	205,238
Dues and subscriptions	16,849	11,617	--	28,466	87,111
Printing and postage	32,678	17,152	14,646	64,476	38,500
Telephone	1,297,422	15,320	288	1,313,030	230,617
Travel, conferences and meetings	508,573	21,801	450	530,824	414,274
Participant/client travel	--	--	--	--	478,648
Advertising and promotion	2,894	4,877	--	7,771	89,613
Staff training and recruiting	19,624	3,756	--	23,380	51,619
Other	56,192	25,577	848	82,617	150,231
Total functional expenses excluding depreciation	18,681,659	3,345,996	250,059	22,277,714	21,171,539
Depreciation and amortization	128,403	22,903	--	151,306	145,314
	$ 18,810,062	$ 3,368,899	$ 250,059	$ 22,429,020	$ 21,316,853

The Notes to Consolidated Financial Statements are an integral part of these statements.

The Mental Health Association of New York City, Inc. and Affiliate
Consolidated Statements of Cash Flows
Years Ended June 30, 2013 and 2012

	2013	2012
Cash flows from operating activities		
Change in net assets	$ 148,755	$ 356,737
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation and amortization	151,306	145,314
Changes in operating assets and liabilities		
Grants and contract services receivable	(843,669)	(1,652,927)
Other receivables	(198,845)	(68,966)
Prepaid expenses and other current assets	(8,214)	311,725
Security deposits	(16,198)	10,200
Accounts payable and accrued expenses	400,466	(147,792)
Accrued salary and related benefits	404,379	196,214
Refundable advances	98,083	31,793
Net cash provided (used) by operating activities	136,063	(817,702)
Cash flows from investing activities		
Purchases of property and equipment	(324,464)	(200,970)
Sale of investments	170,774	–
Purchases of investments	(34,040)	(38,549)
Net cash used by investing activities	(187,730)	(239,519)
Net change in cash and cash equivalents	(51,667)	(1,057,221)
Cash and cash equivalents		
Beginning of year	3,234,367	4,291,588
End of year	$ 3,182,700	$ 3,234,367

The Notes to Consolidated Financial Statements are an integral part of these statements.

1. Organization

The Mental Health Association of New York City, Inc. ("MHA") is the sole member of Link2Health Solutions, Inc. ("Link2"). MHA and Link 2 (the "Affiliate") are not-for-profit organizations supported by individuals, foundations and government service contracts.

The consolidated financial statements include the accounts of MHA and its Affiliate (collectively, the "Corporation"). All intercompany transactions and balances have been eliminated in consolidation.

MHA is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "Code"). MHA's primary mission is to promote mental health in the New York City community through consumer advocacy, public education and innovative direct services programs. MHA works to change attitudes about mental health, identify unmet service needs, create innovative solutions and improve outcomes for recovery, independence and productive life in the community.

Link2 is exempt from federal income taxes under Section 501(c)(3) of the Code. Link2 is a national organization that was designed to improve services for individuals suffering from mental illness and other physical or behavioral disorders through the utilization of advanced communication and information technology.

2. Summary of Significant Accounting Policies

The Corporation classifies its net assets into three categories, which are unrestricted, temporarily restricted and permanently restricted.

Unrestricted net assets are reflective of revenues and expenses associated with the principal operating activities of the Corporation and are not subject to donor-imposed stipulations.

Temporarily restricted net assets are subject to donor-imposed stipulations that may or will be met either by actions of the Corporation and/or the passage of time. When a donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the consolidated statements of operations and changes in net assets as assets released from restriction. Temporarily restricted contributions received and expended in the same year are reflected as temporarily restricted contributions in the consolidated statements of operations and changes in net assets.

Permanently restricted net assets are subject to donor-imposed stipulations that must be maintained permanently by the Corporation. There were no permanently restricted net assets at June 30, 2013 and 2012.

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

The Corporation maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Corporation has not experienced any losses in such accounts. All highly liquid investments with maturities of three months or less when purchased are considered to be cash equivalents.

Furniture, equipment and leasehold improvements are recorded at cost. Depreciation is recorded on a straight-line basis over the estimated useful lives of the assets, which are 5 to 15 years. Amortization of leasehold improvements has been provided over the lesser of the estimated useful lives of the assets or the related lease term. The Corporation capitalizes all purchases of furniture, equipment and leasehold improvements in excess of $1,000.

Revenue from government grants and contracts for use in specific activities is recognized in the period when expenditures have been incurred in compliance with the grantor's restrictions. Cash received in excess of revenue recognized is recorded as deferred income. These contracts require MHA to provide certain services during specified periods. If such services are not provided during the periods, the governmental entities are not obligated to expend the funds allotted under the contracts

Grants and contract services receivable are due in full within one year.

The Corporation receives donated revenue of legal services. Contributed legal services are recognized as the services received requiring specialized skills, are provided by individuals possessing those skills and would typically need to be purchased if not provided through donation. Contributed legal services received during the years ended June 30, 2013 and 2012 were $314,616 and $-0-, respectively.

Costs have been allocated between program, administrative and fund-raising activities benefited. Such allocations are determined by management based on various allocation methodologies.

Advertising expenses are expensed as incurred. Advertising expenses during June 30, 2013 and 2012 were $7,771 and $88,353, respectively.

The Corporation adopted the accounting standard on accounting for uncertainty in income taxes codified in Accounting Standards Codification ("ASC") 740, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under this guidance, the Corporation may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses derecognition, classification, interest and penalties on income taxes, and accounting in interim periods.

Management evaluated the Corporation's tax positions and concluded that the Corporation had taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of this guidance. With few exceptions, the Corporation is no longer subject to income tax examinations by U.S. federal, state or local tax authorities for years before 2010, which is the standard statute of limitations look-back period. The Corporation did not recognize any tax related interest and penalties for the periods in question.

Investments are measured at fair value in the consolidated statements of financial position. Realized and unrealized gains and losses are recognized as changes in net assets in the periods in which they occur, and investment income is recognized as revenue in the period earned.

Guidance provided by the Financial Accounting Standards Board (the "FASB") defines fair value, establishes a framework for measuring fair value, sets out a fair value hierarchy and expands disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Corporation utilizes valuation techniques to maximize the use of observable inputs and minimize the use of unobservable inputs. Assets and liabilities recorded at fair value are categorized within the fair value hierarchy based upon the level of judgment associated with the inputs used to measure their value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

Level 1: Unadjusted quoted prices for identical assets or liabilities in active markets that the Corporation has the ability to access at the measurement date.

Level 2: Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3: Inputs that are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, the level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Corporation's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the investment.

The consolidated financial statements include certain prior-year summarized comparative information in total but not by net assets class or functional classification. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the Unites States of America. Accordingly, such information should be read in conjunction with the Corporation's consolidated financial statements for the year ended June 30, 2012, from which the summarized information was derived.

Certain items in the 2012 consolidated financial statements have been reclassified to conform to the financial presentation used in 2013. Such reclassifications had no effect on changes in net assets.

3. Investments

The Corporation has provided fair value disclosure information for relevant assets and liabilities in these consolidated financial statements. The following table summarizes investments which have been accounted for at fair value on a recurring basis as of June 30, 2013 and 2012 along with the basis for the determination of fair value.

Investments consist of the following at June 30:

	2013	2012
Bond funds - level 2	$ 40,240	$ 126,607
Value funds - level 2	70,972	121,339
	$ 111,212	$ 247,946

4. Grants and Contract Services Receivable

Grants and contract services receivable consist of the following at June 30:

	2013	2012
U S. Department of Housing and Urban Development	$ 362,945	$ 305,787
U.S. Department of Health and Human Services	793,942	932,224
U.S. Department of Veterans Affairs	389,866	495,213
U.S. Department of Homeland Security	223,133	--
New York State Office of Alcoholism and Substance Abuse Services	144,374	88,350
New York State Office of Mental Health	172,972	248,024
New York City Department of Health and Mental Hygiene	928,505	525,736
New York City Department of Youth and Community Development	18,018	90,785
New York City Administration for Children's Services	265,320	401,440
Medicaid receivable	394,189	--
Other receivables	11,505	20,328
	3,704,769	3,107,887
Less allowance for doubtful accounts	(68,213)	(315,000)
	$ 3,636,556	$ 2,792,887

5. Furniture, Equipment and Leasehold Improvements

Furniture, equipment and leasehold improvements, net, at cost, consist of the following at June 30:

	2013	2012
Furniture and equipment	$ 2,506,801	$ 2,354,039
Leasehold improvements	666,026	512,823
	3,172,827	2,866,862
Less: Accumulated depreciation and amortization	(2,642,861)	(2,510,054)
	$ 529,966	$ 356,808

6. Refundable Advances

Refundable advances are due to the following at June 30:

	2013	2012
Various state funded projects	$ 16,018	$ 247,029
New York City Department of Health and Mental Hygiene	--	164,784
New York State Office of Mental Health	291,930	306,732
United States Department of Justice	--	12,947
Office of Veteran's Affairs	400,000	--
New York Community Trust	112,148	--
Other	106,316	96,837
	$ 926,412	$ 828,329

7. Special Events and Fundraising

During the year ended June 30, 2013, MHA sponsored the following event:

	Gross Proceeds	Fundraising Expenses	Net Proceeds
Where There is Help, There is Hope	$ 512,376	$ 250,059	$ 262,317

During the year ended June 30, 2012, MHA sponsored the following event:

	Gross Proceeds	Fundraising Expenses	Net Proceeds
A Celebration of Hope	$ 459,094	$ 217,736	$ 241,358

8. Government Grants and Contract Services Revenue

Government grants and contract services revenue consist of the following for the years ended June 30:

	2013	2012
U.S. Department of Housing and Urban Development	$ 878,217	$ 914,045
U.S. Department of Health and Human Services	4,788,480	6,795,530
U.S. Department of Justice	73,681	1,036,623
U.S. Department of Veteran Affairs	1,660,966	991,875
U.S. Department of Homeland Security	223,133	-
New York State Office of Mental Health	786,848	1,035,981
New York State Office of Alcoholism and Substance Abuse	314,705	280,454
New York City Administration for Child Services	1,254,735	1,003,995
New York City Department of Health and Mental Hygiene	7,210,744	7,588,820
New York City Department of Youth and Community Development	127,773	213,535
Other	33,626	34,477
	$ 17,352,908	$ 19,895,335

The Corporation contracted with various funding agencies to perform certain services and to receive revenue from city, state and federal governments. Reimbursements received under these contracts are subject to audit by federal, state and city governments and agencies. Upon audit, if discrepancies are discovered, the Corporation could be held responsible to refund the agencies for amounts in question.

9. Temporarily Restricted Net Assets

Temporarily restricted net assets for various programs and services consists of the following at June 30:

	2013	2012
Restricted as to Program:		
The Altschul Foundation	$ --	$ 5,000
The Morty Frank Foundation	2,816	--
Altman Foundation	--	65,000
The New York Community Trust	--	23,000
Other	--	16,588
	$ 2,816	$ 109,588

For the years ended June 30, 2013 and 2012, MHA released $111,722 and $406,766, respectively, from restrictions due to satisfying the purpose of the restrictions.

10. Pension Plan

MHA established a defined contribution pension plan for its employees effective July 1, 2004. The Plan covers substantially all employees of MHA with certain limitations for age, hours of service and years of service. MHA can make discretionary contributions to the plan, which are allocated to active participants on a quarterly basis based on compensation earned.

The Corporation also maintains a 457(b) and 457(f) deferred compensation plan for one of its executive officers.

Pension expense for the years ended June 30, 2013 and 2012 was $290,239 and $189,078, respectively.

11. Commitments and Contingencies

The Corporation is committed under various noncancelable operating leases for office space, program sites and supportive housing sites. Several of the leases contain escalation clauses for real estate taxes and other operating expenses. The leases expire at various dates through 2021 and thereafter and provide for minimum annual rentals as follows.

Year Ending June 30,

2014	$ 1,678,364
2015	1,176,254
2016	1,028,457
2017	1,087,077
2018	1,016,117
Thereafter	2,592,539
	$ 8,578,808

Total rent expense for the years ended June 30, 2013 and 2012 amounted to $1,833,548 and $1,468,042, respectively.

12. Subsequent Events

The Corporation has evaluated subsequent events occurring after the consolidated statement of financial position date through the date of December 30, 2013, which is the date the consolidated financial statements were available to be issued. Based on this evaluation, the Corporation has determined that no subsequent events have occurred which require disclosure in the consolidated financial statements.

SUPPLEMENTARY INFORMATION

The Mental Health Association of New York City, Inc. and Affiliate
Consolidating Statement of Financial Position
June 30, 2013

	MHA	Link2	Eliminations	Consolidated
Assets				
Current assets				
Cash and cash equivalents	$ 2,605,524	$ 577,176	$ --	$ 3,182,700
Investments, at fair value	111,212	--	--	111,212
Grants and contract services receivable (net of allowance for doubtful accounts of $68,213 and $315,000 for 2013 and 2012, respectively)	2,565,709	1,070,847	--	3,636,556
Other receivables	266,090	161,599	--	427,689
Prepaid expenses and other	171,422	1,991		173,413
Due from affiliate	555,416	--	(555,416)	--
Total current assets	6,275,373	1,811,613	(555,416)	7,531,570
Furniture, equipment and leasehold improvements, net	510,685	19,281	--	529,966
Security deposits	286,324	--	--	286,324
	$ 7,072,382	$ 1,830,894	$ (555,416)	$ 8,347,860
Liabilities and Net Assets				
Current liabilities				
Accounts payable and accrued expenses	$ 347,209	$ 764,635	$ --	$ 1,111,844
Accrued salary and related benefits	1,520,598	120,838	--	1,641,436
Due to affiliate	--	555,416	(555,416)	--
Refundable advances	467,020	459,392		926,412
Total current liabilities	2,334,827	1,900,281	(555,416)	3,679,692
Net assets				
Unrestricted	4,734,739	(69,387)	--	4,665,352
Temporarily restricted	2,816	--	--	2,816
Total net assets	4,737,555	(69,387)	--	4,668,168
	$ 7,072,382	$ 1,830,894	$ (555,416)	$ 8,347,860

See Independent Auditors' Report.

The Mental Health Association of New York City, Inc. and Affiliate
Consolidating Statement of Operations and Changes in Net Assets
Year Ended June 30, 2013

	MHA			Link2		
	Unrestricted	Temporarily Restricted	Subtotal	Unrestricted	Eliminations	Consolidated
Revenue						
Federal grants	$ 1,004,149	$ --	$ 1,004,149	$ 5,959,940	$ --	$ 6,964,089
New York State grants	1,341,055	--	1,341,055	--	--	1,341,055
New York City grants	8,682,643	--	8,682,643	--	--	8,682,643
Contract income	--	--	--	365,121	--	365,121
Subcontracted services	1,878,333	--	1,878,333	--	(1,129,076)	749,257
Foundation and corporate contributions	415,796	5,000	420,796	69,491	--	490,287
Individual contributions and bequests	9,107	--	9,107	4,979	--	14,086
Other program revenue	558,912	--	558,912	1,519,567	--	2,078,479
Medicaid revenue	1,229,877	--	1,229,877	--	--	1,229,877
Special events and fund-raising	512,376	--	512,376	--	--	512,376
Program rental income	411,534	--	411,534	--	(263,562)	147,972
Investment income	1,713	--	1,713	820	--	2,533
Net assets released from restrictions	111,772	(111,772)	--	--	--	--
	16,157,267	(106,772)	16,050,495	7,919,918	(1,392,638)	22,577,775
Expenses						
Program services	12,399,800	--	12,399,800	6,910,262	(500,000)	18,810,062
General and administrative	3,338,920	--	3,338,920	922,617	(892,638)	3,368,899
Fund-raising	250,059	--	250,059	--	--	250,059
	15,988,779	--	15,988,779	7,832,879	(1,392,638)	22,429,020
Change in net assets	168,488	(106,772)	61,716	87,039	--	148,755
Net assets (deficiency)						
Beginning of year	4,566,251	109,588	4,675,839	(156,426)	--	4,519,413
End of year	$ 4,734,739	$ 2,816	$ 4,737,555	$ (69,387)	$ --	$ 4,668,168

See Independent Auditors' Report.

The Mental Health Association of New York City, Inc. and Affiliate
Consolidating Statement of Functional Expenses
Year Ended June 30, 2013

	MHA								Link2				
	MHA Lifenet & Crisis Services	MHA Public Education & Advocacy	Child & Family Services	Adult Housing & Rehabilitation Services	Subtotal Program Services	General and Administrative	Fundraising	Subtotal MHA	Link2 Suicide Prevention and Disaster Services	General and Administrative	Subtotal Link2	Eliminations	Total
Salaries and wages	$ 2,239,091	$ 318,118	$ 2,907,076	$ 1,400,806	$ 6,865,091	$ 1,537,088	$ --	$ 8,402,179	$ 1,584,536	$ 49,388	$ 1,633,924	$ --	$ 10,036,103
Fringe benefits	500,104	76,318	732,304	326,190	1,634,916	633,566	--	2,268,482	434,811	11,853	446,664	--	2,715 146
Contracted services	95,173	--	5,078	220,038	320,289	12,960	--	333,249	1,144,373	629,076	1,773,449	(629,076)	1,477,622
Professional fees	61,491	27,169	188,843	120,000	397,503	591,712	203,183	1,192,398	102,559	85	102,644	--	1,295,042
Subcontracted services	39,082	--	4,800	--	43,882	500	--	44,382	732,165	200,000	932,165	(500,000)	476,547
Consumable supplies, program activities and materials	15,257	2,276	109,818	52,409	179,760	18,602	7,141	205,503	19,358	227	19,585	--	225,088
Stipends and related expenses	4,862	140	23,927	1,478	30,407	8,163	--	38,570	1,329,553	5,840	1,335,393	--	1,373,963
Client food, welfare and program events	--	--	79,182	32,636	111,818	1,449	--	113,267	--	--	--	--	113,267
Occupancy	166,627	24,976	589,840	897,012	1,678,455	367,357	--	2,045,812	246,132	17,430	263 562	(263,562)	2,045,812
Equipment rental and minor equipment	57,284	3,550	44,060	56,338	161,232	26 263	23,500	210,995	24,188	368	24,556	--	235,551
Insurance	6,684	763	26,039	38,579	72,065	9,762	--	81,827	--	--	--	--	81 827
Repairs and maintenance	42,200	1,729	56,334	34,064	134,327	16,845	3	151 175	7	--	7	--	151,182
Dues and subscriptions	11,189	257	1,137	2,530	15,113	11,599	--	26,712	1,736	18	1,754	--	28,466
Printing and postage	16,170	4,037	4,334	1,289	25,830	16,932	14 646	57,408	6,848	220	7,068	--	64,476
Telephone	97,322	6,757	57,914	27,743	189,736	15,320	288	205,344	1,107,686	--	1,107,686	--	1,313,030
Travel, conferences and meetings	21,216	16,373	223,792	102,121	363,502	15 774	450	379,726	145,071	6,027	151,098	--	530,824
Advertising and promotion	300	1,376	218	--	1,894	4,877	--	6,771	1,000	--	1,000	--	7,771
Staff training and recruiting	4,264	1,459	11,512	1,879	19,114	3,721	--	22,835	510	35	545	--	23,380
Other	6 152	1,652	20,384	3,725	31,913	23,527	848	56,288	24,279	2,050	26,329	--	82,617
Total functional expenses excluding depreciation and amortization	3,384,468	486,950	5,086,592	3,318 837	12,276,847	3,316,017	250,059	15,842,923	6 904,812	922,617	7,827,429	(1 392,638)	22,277 714
Depreciation and amortization	38,022	9,400	51,311	24,220	122,953	22,903	--	145,856	5,450	--	5,450	--	151,306
	$ 3,422,490	$ 496,350	$ 5,137,903	$ 3,343,057	$ 12,399,800	$ 3,338,920	$ 250,059	$ 15,988,779	$ 6,910,262	$ 922,617	$ 7,832,879	$ (1,392,638)	$ 22,429,020

See Independent Auditors' Report.

The Mental Health Association of New York City, Inc. and Affiliate
Statement of Functional Expenses – MHA
Year Ended June 30, 2013

	MHA							
	MHA Lifenet & Crisis Services	MHA Public Education & Advocacy	Child & Family Services	Adult Housing & Rehabilitation Services	Subtotal Program Services	General and Administrative	Fundraising	Total MHA
Salaries and wages	$ 2,239,091	$ 318,118	$ 2,907,076	$ 1,400,806	$ 6,865,091	$ 1,537,088	$ --	$ 8,402,179
Fringe benefits	500,104	76,318	732,304	326,190	1,634,916	633,566	--	2,268,482
Contracted services	95,173	--	5,078	220,038	320,289	12,960	--	333,249
Professional fees	61,491	27,169	188,843	120,000	397,503	591,712	203,183	1,192,398
Subcontracted services	39,082	--	4,800	--	43,882	500	--	44,382
Consumable supplies, program activities and materials	15,257	2,276	109,818	52,409	179,760	18,602	7,141	205,503
Stipends and related expenses	4,862	140	23,927	1,478	30,407	8,163	--	38,570
Client food, welfare and program events	--	--	79,182	32,636	111,818	1,449	--	113,267
Occupancy	166,627	24,976	589,840	897,012	1,678,455	367,357	--	2,045,812
Equipment rental and minor equipment	57,284	3,550	44,060	56,338	161,232	26,263	23,500	210,995
Insurance	6,684	763	26,039	38,579	72,065	9,762	--	81,827
Repairs and maintenance	42,200	1,729	56,334	34,064	134,327	16,845	3	151,175
Dues and subscriptions	11,189	257	1,137	2,530	15,113	11,599	--	26,712
Printing and postage	16,170	4,037	4,334	1,289	25,830	16,932	14,646	57,408
Telephone	97,322	6,757	57,914	27,743	189,736	15,320	288	205,344
Travel, conferences and meetings	21,216	16,373	223,792	102,121	363,502	15,774	450	379,726
Advertising and promotion	300	1,376	218	--	1,894	4,877	--	6,771
Staff training and recruiting	4,264	1,459	11,512	1,879	19,114	3,721	--	22,835
Other	6,152	1,652	20,384	3,725	31,913	23,527	848	56,288
Total functional expenses excluding depreciation and amortization	3,384,468	486,950	5,086,592	3,318,837	12,276,847	3,316,017	250,059	15,842,923
Depreciation and amortization	38,022	9,400	51,311	24,220	122,953	22,903	--	145,856
	$ 3,422,490	$ 496,350	$ 5,137,903	$ 3,343,057	$ 12,399,800	$ 3,338,920	$ 250,059	$ 15,988,779

See Independent Auditors' Report.

The Mental Health Association of New York City, Inc. and Affiliate
Statement of Functional Expenses – Link2
Year Ended June 30, 2013

	Link2		
	Link2 Suicide Prevention and Disaster Services	General and Administrative	Subtotal Link2
Salaries and wages	$ 1,584,536	$ 49,388	$ 1,633,924
Fringe benefits	434,811	11,853	446,664
Contracted services	1,144,373	629,076	1,773,449
Professional fees	102,559	85	102,644
Subcontracted services	732,165	200,000	932,165
Consumable supplies, program activities and materials	19,358	227	19,585
Stipends and related expenses	1,329,553	5,840	1,335,393
Occupancy	246,132	17,430	263,562
Equipment rental and minor equipment	24,188	368	24,556
Repairs and maintenance	7	–	7
Dues and subscriptions	1,736	18	1,754
Printing and postage	6,848	220	7,068
Telephone	1,107,686	--	1,107,686
Travel, conferences and meetings	145,071	6,027	151,098
Advertising and promotion	1,000	--	1,000
Staff training and recruiting	510	35	545
Other	24,279	2,050	26,329
Total functional expenses excluding depreciation and amortization	6,904,812	922,617	7,827,429
Depreciation and amortization	5,450	--	5,450
	$ 6,910,262	$ 922,617	$ 7,832,879

See Independent Auditors' Report.