EXTENDED TO MAY 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

pen to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 D Employer identification number Check if applicable: C Name of organization NATIONAL ALLIANCE ON MENTAL ILLNESS OF X Address change NEW YORK CITY, INC. Name change 13-3077692 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 307 W. 38TH ST., FLOOR 8 212-684-3365 4,797,226. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEW YORK, NY 10018 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHRISTOPHER CONDELLES Yes X No for subordinates? _ SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.NAMINYCMETRO.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1982 M State of legal domicile; NY Part I Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HELP Governance INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL ILLNESS BUILD BETTER if the organization discontinued its operations or disposed of more than 25% of its net assets. 24 Number of voting members of the governing body (Part VI, line 1a) 3 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 24 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 300 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 3,247,685. 4,296,624. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 1,187. 13,531 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 170,256 482,410. 11 3,431,472 4 780 221. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,446,807. 1,931,057. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 839,601. 1,777,123. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,286,408. 3,708,180. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,145,064. 1,072,041. Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 29 3,164,877. 4,465,988. 20 Total assets (Part X, line 16) 181,247, 413,028. 21 Total liabilities (Part X, line 26) 三年 2,983,630. 4,052,960. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ALEXANDER LAZZARUOLO 5/9/2023 P01775353 Paid Alexander <u>azzaruolo</u> self-employed Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP 13-3628255 Preparer Firm's EIN ▶ Firm's address ONE BATTERY PARK PLAZA, 7TH FL. Use Only Phone no. 212-661-7777 NEW YORK, NY 10004

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

	1990 (2021) NEW YORK CITY, INC.	13-3077692	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. Х
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X 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	X 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 m	easured 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	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	\$)
	FAMILY SUPPORT PROGRAM: A SET OF SERVICES THAT PROVIDES SUPPORT AND		
	EDUCATION FOR PEOPLE LIVING WITH MENTAL ILLNESS AND THEIR FAMILIES.		
	ADVOCACY PROGRAM: PROVIDES ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS		
	AND THEIR FAMILIES THROUGH VARIOUS INITIATIVES INCLUDING COMMUNITY		
	EDUCATION, PRESENTATIONS, AND STIGMA REDUCTION CAMPAIGNS.		
	WORKPLACE MENTAL HEALTH PROGRAM: PROVIDES CUSTOM SUPPORT TO EMPLOYERS		
	SEEKING TO PROMOTE EMPLOYEE WELLBEING AND SUPPORTIVE MENTAL HEALTH		
	PRACTICES IN THE WORKPLACE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program conting expenses 2 877 087		

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		х
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U		_		x
-	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,	l _		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		x
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		x
ч	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			
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		21	х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ A
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	• •	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Δ.

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Form 990 (2021) Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	Х	
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
~=	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
00	entity (including an employee thereof) 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 the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	200		х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
В-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	aan	(2021)
132004	12-09-21	rorm		(I 2U2)

NEW YORK CITY, INC. <u> Page</u> **5** Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 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. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 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. 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 Enter the amount of reserves on hand Х 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 on Schedule O 14b

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

excess parachute payment(s) during the year?

Х

X

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Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion 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 24			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 24			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
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	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
D		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 212-684-3365			
	307 W. 38TH ST., FLOOR 8, NEW YORK, NY 10018			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	(C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 6	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MATTHEW KUDISH	40.00									
EXECUTIVE DIRECTOR				Х				188,100.	0.	11,818
(2) STEVEN RICH	40.00									
DIRECTOR OF DEVELOPMENT						х		130,385.	0.	11,818
(3) SARAH SEAHAN	40.00									
DIRECTOR OF EVENTS AND OPERATIONS						х		120,386.	0.	11,818
(4) RACHAEL STEIMNITZ	40.00									
DIRECTOR OF WORKPLACE MENTAL HEALTH						Х		111,173.	0.	11,818
(5) LYNNETTE VERGES	40.00									
ASSOCIATE EXECUTIVE DIRECTOR						Х		100,308.	0.	11,818
(6) CORNELIA KILEY	1.00									
CO-PRESIDENT		Х		Х				0.	0.	0
(7) RAYMOND SCHWARTZ	1.00									
CO-PRESIDENT		Х		Х				0.	0.	0
(8) DAVID S. SHAPIRO	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(9) CHRISTOPHER CONDELLES	1.00									
TREASURER		Х		Х				0.	0.	0
(10) MICHELE ALLISON	1.00									
SECRETARY		Х		Х				0.	0.	0
(11) CHAD DEMARTINI	1.00									
DIRECTOR		Х						0.	0.	0
(12) JOHN DENATALE	1.00									
DIRECTOR		Х						0.	0.	0
(13) KUNAAL KANAGAL	1.00									
DIRECTOR		Х						0.	0.	0
(14) MITUL DESAI	1.00									
DIRECTOR		Х						0.	0.	0
(15) MARJORIE EAGAN	1.00									
DIRECTOR		Х						0.	0.	0
(16) STACY HELFSTEIN	1.00									
DIRECTOR		Х						0.	0.	0
(17) COLLEEN LAURIA	1.00									
DIRECTOR		Х						0.	0.	0

NEW YORK CITY, INC.

Part VII Section A. Officers, Directors, Trus (A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	Position do not check more than one					Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss pe	rson is both an lirector/trustee)			compensation	compensation		ar	nount	of
	week	-	T a	luau	recic)/irus	iee)	from	from related			other	
	(list any hours for	director						the organization	organizations (W-2/1099-MIS		ı	pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	/ر	l	anizat	
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)		ı ~	d relat	
	below	ndividual trustee or	Institutional trustee	-ie	Key employee	est co	je ,	·			orga	anizati	ons
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former						
(18) GREGORY A. LEVETO	1.00	1											
DIRECTOR		Х						0.		0.			0.
(19) D'ANNA KEINAN	1.00												
DIRECTOR		Х	_					0.		0.			0.
(20) JOSH NEREN	1.00	1											
DIRECTOR		Х				-	_	0.		0.			0.
(21) ANITA HILL SANDS	1.00	1											
DIRECTOR		Х	_			_	_	0.		0.			0.
(22) KATHERINE PONTE	1.00	_								_			_
DIRECTOR		Х	_			-		0.		0.			0.
(23) SARA MELTZER	1.00	ł											
DIRECTOR		Х	_			-		0.		0.			0.
(24) HOWARD SPILKO	1.00	l											_
DIRECTOR	1 00	Х	_			_	L	0.		0.			0.
(25) MARK F. ST. GEORGE	1.00	-								0			0
DIRECTOR (26) PREM TRAIN	1 00	Х	┝			-	┝	0.		0.			0.
(26) DREW TRAIN DIRECTOR	1.00	x						0.		0.			٥
4. 0.1			<u> </u>				Ļ	650,352.		0.		5.0	0.
1b Subtotal								0.50,552.		0.		39,	0.00.
c Total from continuation sheets to Part VI								650,352.		0.		5.9	090.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							o r	· · · · · ·	000 of reportable	••			
compensation from the organization	or inflitted to the	1000	11010	a u.	,000	, vv.	10 1	cocived more than \$100,	ood of reportable				5
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	кеу е	empl	loye	e, o	hiç	ghest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	ım of reportab	le cc	mpe	ensa	tion	and	ot	her compensation from the	ne organization				
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch i	oers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	ensa	tion fr	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or w	thir		ear.				
(A) Name and business	address							(B) Description of s	envices			C) nsatio	'n
NCHENG LLP, 40 WALL STREET 32ND FLOOR								Description of s	CIVICCS		ompo	iisatio	<u>''</u>
YORK, NY 10005	K, NEW							ACCOUNTING SERVICE	e l			12/	188.
10KK, N1 10003								ACCOUNTING BERVICE	5			124,	100.
-													
2 Total number of independent contractors (i	ncludina but n	ot lir	nited	d to	thos	se lis	ted	d above) who received mo	ore than				
\$100,000 of componentian from the organi						1		,					

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

13-3077692

Name and title Average hours (check all that apply) per week (list any hours for related or related and related and related on the state of the sta	90 NEW YORK CITY, I									13-30776	,,,,
Name and title Average hours per week (list any hours for related organizations below line) (27) SAM SCHWARTZ DIRECTOR (28) AMANDA FIALK DIRECTOR (29) DEEPAK PENESETTI Average hours per week (list and apply) Average hours (check all that apply) (department of the compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (Output permissions (W-2/1099-MISC) (Output permissions (W-2/1099-MISC) (Output permissions (W-2/1099-MISC) (Output permissions (W-2/1099-MISC) (W-2/1099-MISC) (Output permissions (W-2/1099-MI	Section A. Officers, Directors, Trustee	s, Key En	nplo	yees	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
per week (list any hours for related organizations below line) 27) SAM SCHWARTZ 1.00 28) AMANDA FIALK 1.00 29) DEEPAK PENESETTI The per week (list any hours for related organizations below line) 29) DEEPAK PENESETTI The per week (list any hours for related organizations below line) 20) Tractor (list any hours for related organizations below line) 21	(A) Name and title	(B) verage	Position						Reportable	(E) Reportable	(F) Estimated amount of
X	(I ho r orga	per week list any ours for related anizations below							from the organization	from related organizations	other compensatio from the organization and related organizations
28) AMANDA FIALK		1.00									
IRECTOR X 0. 0.			Х						0.	0.	
29) DEEPAK PENESETTI 1.00		1.00								0	
		1 00	Λ	-					0.	0.	
		1.00	x						0	0	
										•	
	<u> </u>										
	<u> </u>										
	 										
	<u> </u>										
	+			-							
	 										
	<u> </u>										
	 										
				\vdash							
	 										

Form 990 (2021) NEW YORK CITY, INC.	13-3077692	Page 9
Part VIII	Statement of Revenue		
	Check if Schedule O contains a response or note to any line in this Part VIII		

			Check if Schedule O contains a response	onse c	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1	— а	Federated campaigns 1a						
anta					710.				
يج ق					1,216,459.				
ts, An			Fundraising events 1c		1,210,439.				
ig ig			Related organizations 1d		252 227				
S.			Government grants (contributions) 1e		262,007.				
z ţi	1	f	All other contributions, gifts, grants, and						
ig #			similar amounts not included above 1f		2,817,448.				
함		g	Noncash contributions included in lines 1a-1f	\$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f	<u></u>		4,296,624.			
					Business Code				
ø	2	а							
Ş		b							
Ser		С							
E S		d							
gra Re		e							
Program Service Revenue			All other program service revenue						
_					•				
\dashv		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, i			1 107			1 107
			other similar amounts)			1,187.			1,187.
	4		Income from investment of tax-exempt bo	•	-				
	5		Royalties						
			(i) Rea		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securi	ties	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses						
en l		c	Gain or (loss) 7c						
ě			Net gain or (loss)						
Other Revenue			Gross income from fundraising events (not						
₹		u	including \$ 1,216,459. of						
١			contributions reported on line 1c). See						
					220,799.				
			Part IV, line 18	8a 8b	17,005.				
			Less: direct expenses		17,003.	203,794.			203,794.
			Net income or (loss) from fundraising ever		·····	203,754.			203,754.
	9	a	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activitie	s	·····				
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
			Less: cost of goods sold	10b					
	-	С	Net income or (loss) from sales of invento	ry	>				
<u>s</u>			OFFILER		Business Code	080 646	000 010		
eor Ie			OTHER		900099	278,616.	278,616.		
lan epr		b							
Miscellaneous Revenue		С							
Mis			All other revenue			080 646			
		e	Total. Add lines 11a-11d		D	278,616.	270 616		204 001
	12		Total revenue. See instructions	<u></u>		4,780,221.	278,616.	0.	204,981.

132009 12-09-21

NEW YORK CITY, INC. 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 respons	e or note to any line in the (A)	his Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	193,464.	155,257.	13,087.	25,120
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	1,400,599.	1,123,993.	94,748.	181,858
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23,302.	19,480.	1,678.	2,144
9	Other employee benefits	172,454.	144,171.	12,417.	15,866
10	Payroll taxes	141,238.	118,076.	10,169.	12,993
1	Fees for services (nonemployees):				
а	Management				
b	Legal	25.	9.	16.	
С	Accounting	153,775.	52,301.	101,474.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	312,326.	106,226.	206,100.	
12	Advertising and promotion	100.046	161 202	12.000	10.051
13	Office expenses	192,946.	161,303.	13,892.	17,751
14	Information technology	23,068.	19,285.	1,661.	2,122
15	Royalties	350,226.	292,789.	25 216	22 221
16	Occupancy	5,983.	5,983.	25,216.	32,221
17	Travel	5,963.	5,363.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,735.	26,530.	2,285.	2,920
23	Insurance	29,011.	23,209.	2,901.	2,901
24	Other expenses. Itemize expenses not covered	, -	, -	, -	<u>, , , , , , , , , , , , , , , , , , , </u>
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUB-GRANT	335,000.	335,000.		
b	PROGRAM EVENTS	314,743.	283,923.		30,820
c	OTHER	28,285.	9,552.	18,733.	,
d		,	,	,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,708,180.	2,877,087.	504,377.	326,716
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)				

Form 990 (2021) Part X Balance Sheet NEW YORK CITY, INC.

Pal	rt X	Balance Sneet		or the enter the tests in the enter			
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,489,836.	1	2,995,556.
	2	Savings and temporary cash investments			426,617.	2	442,453.
	3	Pledges and grants receivable, net			151,963.	3	457,000.
	4	Accounts receivable, net	,	4	•		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su		· · ·			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu	•			-	
		under section 4958(f)(1)), and persons descri	•	,		6	
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran did assessment all forms of all assessment			15,213.	9	0.
		Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D		609,520.			
	b			380,929.	57,349.	10c	228,591.
	11	Investments - publicly traded securities	·	19,124.	11	16,413.	
	12	Investments - other securities. See Part IV, lir		·	12	·	
	13	Investments - program-related. See Part IV, lii			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		4,775.	15	325,975.	
	16	Total assets. Add lines 1 through 15 (must e		1	3,164,877.	16	4,465,988.
	17	Accounts payable and accrued expenses			181,247.	17	260,286.
	18	Grants payable		18			
	19	Deferred revenue		19	152,742.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple			21		
S	22	Loans and other payables to any current or for					
ij		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D		L		25	
	26	Total liabilities. Add lines 17 through 25			181,247.	26	413,028.
		Organizations that follow FASB ASC 958, or	check her	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			2,776,965.	27	3,392,960.
Ba	28	Net assets with donor restrictions			206,665.	28	660,000.
<u>n</u>		Organizations that do not follow FASB ASG	C 958, che	eck here 🕨 🗌			
Ţ		and complete lines 29 through 33.					
S Q	29	Capital stock or trust principal, or current fun	ıds			29	
set	30	Paid-in or capital surplus, or land, building, or	r equipme	nt fund		30	
As	31	Retained earnings, endowment, accumulated	d income,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,983,630.	32	4,052,960.
	33	Total liabilities and net assets/fund balances			3,164,877.	33	4,465,988.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,780,	221.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,708,	180.			
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,072,	041.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,983,	630.			
5	Net unrealized gains (losses) on investments	5		-2,	711.			
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4	,052,	960.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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?	·	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	•	3a		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h					

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

NATIONAL ALLIANCE ON MENTAL ILLNESS OF Name of the organization **Employer identification number** NEW YORK CITY 13-3077692 TNC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

360	tion A. Public Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to	ıl unit to								
	the organization without charge									
4	Total. Add lines 1 through 3									
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.									
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
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 VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
	organization, check this box and stop									
Sec	tion C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2021 (li		•	* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%			
16a	33 1/3% support test - 2021. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	k and			
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□			
b	33 1/3% support test - 2020. If the o	•		•		•				
	and stop here. The organization qualifies as a publicly supported organization						▶∟			
17a	10% -facts-and-circumstances test	- 2021. If the org	janization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	iblicly supported o	rganization		▶□			
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets th	e facts-and-circun	nstances test, che	ck this box and s	top here. Explain	in Part VI how the				
	organization meets the facts-and-circu	ımstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	>			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	· >			
18	•		-				>			

Page 3

NEW YORK CITY, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Se	ction A. Public Support	now, please compi	lete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		()	` ,	,	,	
	membership fees received. (Do not	1					
	include any "unusual grants.")	1,679,641.	2,065,437.	2,594,043.	3,247,685.	4,296,624.	13,883,430.
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	1,679,641.	2,065,437.	2,594,043.	3,247,685.	4,296,624.	13,883,430.
78	a Amounts included on lines 1, 2, and	1					
	3 received from disqualified persons	112,070.	85,992.	114,562.	457,174.	130,883.	900,681.
t	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						0.
(Add lines 7a and 7b	112,070.	85,992.	114,562.	457,174.	130,883.	900,681.
	Public support. (Subtract line 7c from line 6.)						12,982,749.
Se	ction B. Total Support		_	_			
Cale	(a) 2017 (b) 2018 (c) 2019 (d) 2020						(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,679,641. 4,138.	2,065,437.	2,594,043. 3,592.	3,247,685.	4,296,624. 1,187.	13,883,430.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,	,	,	,	·	,
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	4,138.	10,934.	3,592.	13,531.	1,187.	33,382.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,482.	67,574.	48,785.	84,783.	278,616.	505,240.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,709,261.	2,143,945.	2,646,420.	3,345,999.	4,576,427.	14,422,052.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3) organizatio	on,
	· · · · · · · · · · · · · · · · · · ·						
Se	ction C. Computation of Public	c Support Perc	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), di	vided by line 13, co	olumn (f))		15	90.02 %
16	Public support percentage from 2020					16	90.42 %
	ction D. Computation of Inves					г	
	Investment income percentage for 20			e 13, column (f))		17	.23 %
	Investment income percentage from 2					18	.29 %
198	a 33 1/3% support tests - 2021. If the	-					7 is not ▶ X
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec						>
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check this	s box and see ins	tructions	>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
00		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
3		
9a		
9b		
9c		
10a		
461		
10b ule A (Forn	n 990)	2021

· ai	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	_		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 55	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	· · · · · · · · · · · · · · · · · · ·			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ted Type III supporting orga	nization (see
	instructions)	, 5	,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _{(continu}	ed)	
Secti	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	·		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	<u> </u>	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
<u> </u>	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
-	Carryover from 2016 not applied (see instructions)				
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
`	Excess from 2020				
	Excess from 2021				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK CITY, INC.

Employer identification number 13-3077692

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of prants from (during year) Dot 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? Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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, for far ny other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete inse 2 at 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. Total number of conservation easements included in (a) qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P A mount of expenses incurred in the conservation easements is holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P S Does each conservation easement reported on line 2(d) above satisfy
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization 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? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of on fautural habitat Protection of natural habitat Protection of natural habitat Preservation of perservation easements 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure listed in the National Register 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 enforcing conservation easements during the year 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
A Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a 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. a Total number of conservation easements b Total acreage restricted by conservation easements 2a c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 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 enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements the organization sheet, and include, if applicable, the
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provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 * \$
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$\Bigsim \frac{1}{2} = \fra

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

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other S	imilar As	sets _{(contir}	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that r	nake signi	ficant use o	of its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	change progran	n			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organization	's exempt	purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	rt IV Escrow and Custodial Arran		ete if the organization	on answered "Y	'es" on Fo	rm 990, Pai	rt IV, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amoun	t
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo				•		Yes	L No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years	back (e) Four	years back
1a	3 3 ,							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	•		i)) held as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		%						
_	The percentages on lines 2a, 2b, and 2c shows	•						
за	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administere	d for the o	rganization	ſ	Yes No
	by:						0-(1)	162 140
	(i) Unrelated organizations							
	(ii) Related organizations		and an Cabandula DO				3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment tunas.					
	Complete if the organization answere) Part IV line 11a S	See Form 990	Part X line	10		
	Description of property	(a) Cost or o		t or other		ımulated	(d) Boo	k voluo
	Description of property	basis (investr		(other)		ciation	(a) 600	k value
12	Land	` `	, , , ,	· · · · · · · /	23p.0			
	Land Buildings							
	Leasehold improvements			149,038.		80,759.		68,279.
		I		191,624.		182,967.		8,657.
	Other			268,858.		117,203.		151,655.
	I. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1			•		228,591.
. ul		audi i Oilli 330. Fdll	a. colullii (D). IIIIC I	vv./			1	<u>,</u>

NEW YORK CITY, INC.

	Investments - Other Securities.			r age o
() D	Complete if the organization answered "Yes"		_	
_ ` '	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	al derivatives			
· ·	held equity interests			
(3) Other (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"		-	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	CURITY DEPOSIT			325,975.
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	: 15.)	>	325,975.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	· · · · · · · · · · · · · · · · · · ·	, ,	(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line			
-	for uncertain tax positions. In Part XIII, provide		_	
organiz	ation's liability for uncertain tax positions under	FASB ASC 740. Check h		
			Sch	edule D (Form 990) 2021

	Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, I		·	
1	Total revenue, gains, and other support per audited financial statements		1	4,777,510.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	-2,711.	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	-2,711.
3	Subtract line 2e from line 1		3	4,780,221.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	2)	5	4,780,221.
Par	t XII Reconciliation of Expenses per Audited Financial St		penses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, I		1 1	2 502 402
1	Total expenses and losses per audited financial statements		1	3,708,180.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			2
_	Add lines 2a through 2d			2 700 100
3	Subtract line 2e from line 1		3	3,708,180.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4-	0.
	Add lines 4a and 4b			3,708,180.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line * TXIII Supplemental Information.	<u> 18.)</u>	5	3,700,100.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization NATIONAL ALLIANCE ON MENTAL ILLNESS OF **Employer identification number** NEW YORK CITY INC. 13-3077692 Part I Fundraising Activities. Complete if the organization answered "Yes" on 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. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

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

		le G (Form 990) 2021 NEW YORK C				-3077692 Page 2
Pa	ırt I					
		of fundraising event contributions and gr				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			NAMI WALKS	ANNUAL GALA		col. (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,012,000.	425,258.		1,437,258.
_	2	Less: Contributions	791,201.	425,258.		1,216,459.
	,	Cross income (line 1 minus line 2)	220,799.			220,799.
	3	Gross income (line 1 minus line 2)	220,133.			220,733.
	4	Cash prizes				
õ	5	Noncash prizes				
sued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
⊡		Entartainment				
	8	Entertainment Other direct expenses		17,005.		17,005.
	10	Direct expense summary. Add lines 4 through			•	17,005.
	11					203,794.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
- O			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(b) other garming	col. (a) through col. (c))
Seve						
_	1	Gross revenue				
S	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E)	l	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7				
		Net garning income summary. Subtract line 7	nomine i, column (u)			<u> </u>
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				_
		<u> </u>				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	/ear?	Yes No
b) If "	Yes," explain:				
	_					
_	_					
1320	32 10	I-21-21			Sche	dule G (Form 990) 2021

NATIONAL ALLIANCE ON MENTAL ILLNESS OF

Schedule G (Form 990) 2021 NEW YORK CITY, INC.	13-30//692	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	O No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:	
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 received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	nount	
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 > \$	11 410	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	v): and Part III_lines 9_9	9b 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,, a.i.a : a.i i.i.,oo o, o	, , , , , ,
100, 100, 10, and 170, as applicable. The provide any additional minimation. Coo methodoloris.		

NATIONAL ALLIANCE ON MENTAL ILLNESS OF

Schedule 6	G (Form 990) NEW YORK CITY, INC.	13-3077692	Page 4
Part IV	G (Form 990) NEW YORK CITY, INC. Supplemental Information (continued)		
	11 (continued)		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

NATIONAL ALLIANCE ON MENTAL ILLNESS OF

NEW YORK CITY, INC.

Employer identification number 13-3077692

Pa	art 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 on 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 (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
С	c Participate in or receive payment from an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
		5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MATTHEW KUDISH	(i)	177,770.	10,000.	330.	0.	11,818.	199,918.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

NEW YORK CITY, INC.

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK CITY. INC.

Employer identification number 13-3077692

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIVES THROUGH EDUCATION, SUPPORT, AND ADVOCACY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AS THE LARGEST AFFILIATE OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK CITY, INC. (THE "ORGANIZATION") WORKS COLLABORATIVELY WITH STATE AND NATIONAL AFFILIATES AND OTHER STAKEHOLDERS IN THE COMMUNITY TO EDUCATE THE PUBLIC, ADVOCATE FOR LEGISLATION, REDUCE STIGMA AND IMPROVE THE MENTAL HEALTH SYSTEM. PEOPLE WITH SERIOUS AND PERSISTENT MENTAL ILLNESSES AND THEIR FAMILIES SUFFER THE EFFECTS NOT ONLY OF THESE SERIOUS ILLNESSES. BUT ALSO DISCRIMINATION IN INSURANCE COVERAGE. A FRAGMENTED AND UNDER-FUNDED SERVICE SYSTEM. A LACK OF INFORMATION ABOUT THE ILLNESSES AND THEIR TREATMENTS. AND THE STIGMATIZING EFFECTS OF A MISINFORMED PUBLIC AND MEDIA. THE ORGANIZATION WORKS TO PROVIDE EDUCATION TO THOSE WITH THESE ILLNESSES AND THEIR FAMILIES. FORM 990, PART VI, SECTION A, LINE 6: NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK CITY, INC. WAS ORGANIZED AS A MEMBERSHIP ORGANIZATION. THE MEMBERSHIP ELECTS THE BOARD OF DIRECTORS. MEMBERSHIP IS OPEN TO THE GENERAL PUBLIC.

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

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

Schedule O (Form 990) 2021 Page 2 NATIONAL ALLIANCE ON MENTAL ILLNESS OF **Employer identification number** Name of the organization NEW YORK CITY, INC. 13-3077692 DIRECTORS SHALL BE ELECTED BY THE MEMBERS AT AN ANNUAL MEETING OF THE MEMBERS ON A DATE AND PLACE DETERMINED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: AT THE BEGINNING OF EACH YEAR, BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM TO STATE ANY POTENTIAL CONFLICTS. THE POLICY PROVIDES THAT A DIRECTOR WITH A CONFLICT OF INTEREST MAY NOT VOTE ON ANY MATTER WITH RESPECT TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST, AND THAT SUCH MEMBER MAY NOT PARTICIPATE IN THE DISCUSSION OF ANY MATTER WHERE HE OR SHE HAS A FINANCIAL OR BUSINESS CONFLICT. THE INFORMATION REQUESTED INCLUDES: BUSINESS AFFILIATIONS - A RELATIONSHIP WITH ANY PERSON, FIRM COMPANY OR OTHER ORGANIZATION WHICH, TO THE BEST OF YOUR KNOWLEDGE, THAT PROVIDED ANY GOODS OR SERVICES TO NAMI-NYC METRO WITH AN ANNUAL VALUE OF \$1,000 OR MORE IN ANY OF THE PAST FIVE YEARS. NOT-FOR-PROFIT ORGANIZATIONS - A RELATIONSHIP WITH ANY NOT-FOR-PROFIT ORGANIZATION. THIS WOULD INCLUDE ANY RELATIONSHIP AS A DIRECTOR, OFFICER OR EMPLOYEE OF THE ORGANIZATION, AS COUNSEL TO IT, OR IF COMPENSATED OR OTHER FINANCIAL ARRANGEMENT WITH THE ORGANIZATION.

Schedule O (Form 990) 2021

OTHER - INVOLVEMENT IN ANY OTHER ACTIVITY DURING THE PAST YEAR THAT MIGHT

BE INTERPRETED AS A POSSIBLE CONFLICT OF INTEREST.

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK CITY, INC.	Employer identification number 13-3077692
FORM 990, PART VI, SECTION B, LINE 15:	
ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE HAS A CLOSED SESSION TO	
DETERMINE	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR. SALARY REVIEWS INCLUDES MARKET	
ADJUSTMENTS, MERIT ADJUSTMENTS, AND PROMOTIONAL ADJUSTMENTS, AS	
APPROPRIATE. WE USE TOOLS THAT COMPARE OUR SALARIES WITH THAT OF SIMILAR	
SIZED NONPROFIT ORGANIZATIONS IN THE NYC AREA.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) NATIONAL ALLIANCE ON MENTAL ILLNESS OF print NEW YORK CITY INC. 13-3077692 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 307 W. 38TH ST., FLOOR 8 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW YORK, NY 10018 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION Telephone No. ▶ 212-684-3365 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2021 JUN 30, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)