Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number THE MENTAL HEALTH ASSOCIATION OF Address change ROCHESTER/MONROE COUNTY, INCORPORATED Name change 16-1395575 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (585)325 - 3145320 NORTH GOODMAN STREET termin-ated 2,622,672. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ROCHESTER, NY 14607 H(a) Is this a group return Applica-F Name and address of principal officer: MARY RUSSO Yes X No for subordinates? pending 320 NORTH GOODMAN STREET, ROCHESTER, NY 146 H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: WWW.MHAROCHESTER.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1975 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTING MENTAL WELLNESS. Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 Number of voting members of the governing body (Part VI, line 1a) <u>23</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 2,241,759. 2,126,194. Contributions and grants (Part VIII, line 1h) Revenue 357,550. 348,694. Program service revenue (Part VIII, line 2g) 2,291. 16,385. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,420. -5,136. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,601,702. 2,501,455. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,706,371. 1,657,264. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 779,946. 908,141. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,486,317. 2,565,405. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,138. 36,297. Revenue less expenses. Subtract line 18 from line 12 Assets or a Balances Beginning of Current Year **End of Year** 931,379. 849,177. Total assets (Part X, line 16) 173,506. 251,752. 21 Total liabilities (Part X, line 26) Net/ 675,671. 679,627. 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 MARY RUSSO, PRESIDENT & CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed TIMOTHY P. THANEY, CPA TIMOTHY P. THANEY, C08/28/19 P01231250 Paid Firm's name DEJOY, KNAUF & BLOOD, LLP 16 - 1375790Preparer Firm's EIN ▶ Firm's address 280 EAST BROAD STREET, SUITE 300 Use Only Phone no. 585 - 546 - 1840 ROCHESTER, NY 14604 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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Га	Check if Schedule O contains a response or note to any line in this Part III	П
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1	Briefly describe the organization's mission: THE MENDAL HEALTH ACCOUNT TO DE COMMENCE LACTION DE COMMENCE LACTION DE COMMENCE	
	THE MENTAL HEALTH ASSOCIATION PROMOTES LASTING MENTAL WELLNESS THROUGH	_
	A SPECTRUM OF CULTURALLY COMPETENT PROGRAMS AND SERVICES. WE HELP	_
	PEOPLE FIND THE TOOLS AND RESOURCES THAT THEY NEED TO ACHIEVE AND	_
	MAINTAIN MENTAL WELLNESS. FOR OVER 70 YEARS, WE HAVE PROMOTED MENTAL	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?)
	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	c
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 504,423 • including grants of \$) (Revenue \$ 1,058 •	_)
	FAMILY SUPPORT SERVICES - STAFFED BY PARENTS OF A CHILD WITH EMOTIONAL	. ′
	OR BEHAVIORAL CHALLENGES, THIS PROGRAM PROVIDES SUPPORT GROUPS, RESPITE	_
	SERVICES, ADVOCACY AND MENTORING.	_
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		_
		_
		_
4b	(Code:) (Expenses \$334,016 •including grants of \$) (Revenue \$\$	_)
	WYOMING COUNTY - ONE-TO-ONE SUPPORT IS PROVIDED TO HELP INDIVIDUALS TO	
	EXPLORE THEIR OPTIONS, CONNECT WITH COMMUNITY RESOURCES AND RESOLVE	
	ISSUES RELATING TO THEIR LIVING ARRANGEMENTS, EDUCATIONAL OR WORK GOALS	
	AND PERSONAL RELATIONSHIPS. STAFF WHO PROVIDE THIS SERVICE HAVE	
	EXPERIENCED SIMILAR ISSUES.	_
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	252 245	_
4c		.)
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	IN THE COMMUNITY AND WHO HAVE LIMITED CAPACITY TO ENSURE THEIR BASIC	_
	NEEDS ARE MET. COMMON BASIC NEEDS THAT CLIENTS PRESENT WITH INCLUDE	
	LOSS OF INCOME, GOVERNMENT BENEFITS, EVICTION AND HOMELESSNESS. PEER	
	COACHES OFFER ONE ON ONE ASSISTANCE TO INDIVIDUALS PROVIDING THEM WITH	
	APPROPRIATE INFORMATION AND SUPPORT ALLOWING THEM TO MAKE INFORMED	
	DECISIONS AND CHOICES THAT IMPROVE THEIR LIVES.	
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	-	_
14	Other program convices (Describe in Schedule O.)	_
4d	Other program services (Describe in Schedule O.) (Expenses \$ 1,081,560 • including grants of \$) (Revenue \$ 288,546 •)	
10	A 4 = A A 4 4	_
4 e	Total program service expenses 2,172,244.	

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			. v
_	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?			X
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		1
10	endowments, or 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	10	21	
••	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		Х
С	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. a		
	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		X
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	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,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

Part IV Checklist of Required Schedules (continued)

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 Did the organization sever" "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 I, Part II 2 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 24th through 24d and complete Schedule II" (*I' No.") op to line 23e 24a X 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 Did the organization invest any any proceeds of tax-exempt bonds beyond a temporary period exception? 2 Did the organization may an an escrow account of the than a refunding escrow at any time during the year? 2 Did Did the organization and an accord and organization and an accord and organization and an accord and organization. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction what at languaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was that it is not according to the organization expert any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons II "Yes," complete Schedule I, Part II 2 DI the organization provide a grant or other assistance to an officer, director, trustee, exp employee it is provided and organization aparty to a business transaction with one of the following parties (see Schedule II, Part IV instructions for applicable Illing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee or a farmly member thereof was an officer, director, trustee, or key employee o				Yes	No
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 I, Part IV of the organization have a tax-exempt bond lissue 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 240 through 240 and complete Schedule K, If 'No,' or 10 ine 25s	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest day of the year, that was issued after December 31, 2002? If "Yes," areawer lines 24th trough 24d and complete Schedule I, "I'No," go to line 25a.			22		X
Schedule J. 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." yo to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization mantain an escrow account other than a refunding escrow at any time during the year 10 defease any tax exempt bonds? did the organization mantain an escrow account other than a refunding escrow at any time during the year 10 defease any tax exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part 1 is the organization aware that 8 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 splor Forms 990 or 990-E27 If "Yes," complete Schedule L, Part 1 legal Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV line to replicable lining thresholds, conditions, and exceptions; and exception or applicable lining thresholds, conditions, and exceptions; and exceptions; and exceptions; and exceptions; and exceptions; and exceptions; and exception and the organization receive more than 825,000 in non-cash contributions of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or development printers, or development or a family disrepayed as separate from the organizati	23				
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b intrough 24d and complete Schedule K, If "No.," go to lime 25a. 42b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b CDID the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d CDID the organization invest any proceeds of tax exempt bonds outstanding at any time during the year to defease any tax exempt bonds? 24c DID the organization are sent as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d DID the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I Seb Schedule L, Part I Pres, 'complete Schedule L, Part I Pres, 'comp					37
size 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. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization and the analysis of the complete Schedule K. If "No." go to line 25a. d Did the organization and at as an "on behalf of issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d 22s Section 501(6)(3), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior forms 900 or 990-277 if "Yes," complete Schedule L, Part I		Schedule J	23		Λ
Schedule K. If "No." go to line 256 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sproke. Complete Schedule L, Part II 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, structors, furctors, trustees, key employees, individually any organization provide a grant or other assistance to an officer, director, trustee, levy employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? b Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d 25a Sectino 501(6)8, 501(6)4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spot or 990-E27 if "Yes," complete Schedule I., Part I 25b 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 organizations prior borns 990 or 990-E27 if "Yes," complete Schedule I., Part I 25c IV. 25d Did the organization approach any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II 26c IV. 27d Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 39% contributor or amplity member of any of these persons? If "Yes," complete Schedule I., Part IV instructions for applicable fing thresholds, conditions, and exceptions): a A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule I., Part IV 37d A mentity of which a current or former officer, director, frustee, or key employee for a family member thereofy was an officer, director, frustee, or licetor, frustee, or officer of indirect owner? If "Yes," complete Schedule II., Part IV 38d Did the organization receive contributions of art, historical treasures, or ot			240		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d	h	Did the organization invest any proceeds of tax-exempt honds beyond a temporary period exception?			
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Sactino 501(c)(3), 501(c)(4), and 501(c)(2) organization. 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 prior Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustess, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Zi Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Yi "Yes," complete Schedule M,	Ĭ		24c		
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	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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-E27 if "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26					
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Effect the flumber of Forms w 24 moldaded in line 14. Effect of inflot applicable			
(gambling) winnings to prize winners?	C		1c	х	

Form 990 (2018) ROCHESTER/MONROE COUNTY, INCORPORATED

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

				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	2a 77								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Company of the second		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				۱					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X					
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 Ar		5a		Х					
_	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 									
_			5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?		6a		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.		Ua							
b	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?	·	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8 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							
9	Sponsoring organizations maintaining donor advised funds.		_							
а			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:	100								
a		10a 10b								
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	IOD								
'' a		11a								
h	Gross income from other sources (Do not net amounts due or paid to other sources against									
~	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı								
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
			14a 14b		X					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				\ _{3,7}					
	excess parachute payment(s) during the year?		15		X					
40	If "Yes," see instructions and file Form 4720, Schedule N.	t in 0	40		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16							
	If "Yes," complete Form 4720, Schedule O.									

THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

Form 990 (2018)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
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	1a	23	1						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other							
	officer, director, trustee, or key employee?									
3										
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint	t one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye									
а	The governing body?			8a	Х					
b	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 rea	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	lescribe							
	in 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 approv	al by i	ndependent							
	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 in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on'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	nd 990	D-T (Section 501(c)(3	s only) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, an	d finan	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 bo	oks a	nd records >							
	MARY RUSSO - (585) 325-3145									
	320 NORTH GOODMAN STREET, ROCHESTER, NY 14607									

THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

Page 7

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

		1 1
Check if Schedule O contains a response or note to any line	a in thic Part \/II	1 1
Officer if deficiency of contains a response of fide to any line	ic iii tiiis i ait vii	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C Pos				(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week					is bot or/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(***-27 1039-141130)		and related
	below	/idual	tution	La la	Key employee	est co loyee	Je.			organizations
	line)	Indiv	Instii	Officer	Key (High emp	Former			
(1) JULIE JORDAN DIPALMA	1.00	l								
CHAIRPERSON	1 00	Х		Х				0.	0.	0
(2) JENNIFER DEVAULT	1.00	۱		l					•	
SECRETARY	1 00	Х		Х				0.	0.	0
(3) PATRICK COLEMAN	1.00	۱.,		,,					0	•
TREASURER	1 00	Х		Х				0.	0.	0
(4) TAMI BEST	1.00	x		x				0.	0.	•
DIRECTOR (F) GUADON PROGNIA	1.00	^		Δ				0.	0.	0
(5) SHARON BROGNIA DIRECTOR	1.00	x						0.	0.	0
(6) CHETNA CHANDRAKALA	1.00	^						0.	· ·	0
DIRECTOR	1.00	X						0.	0.	0
(7) ANDRE GODFREY	1.00	122						0.	0.	0
DIRECTOR	1100	x						0.	0.	0
(8) ANN GRIEPP	1.00							0.0		
DIRECTOR		X						0.	0.	0
(9) RANDY JACQUE	1.00									
DIRECTOR		Х						0.	0.	0
(10) CALVIN JOSEPH	1.00									
DIRECTOR		Х						0.	0.	0
(11) JOHNN KIWEEWA	1.00									
DIRECTOR		Х						0.	0.	0
(12) ROBIN LAVERGNE	1.00							_	_	_
DIRECTOR		Х						0.	0.	0
(13) JOHN LEE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0
(14) MELISSA LORD	1.00	۱								
DIRECTOR	1 00	Х						0.	0.	0
(15) TRACY LOVE	1.00	\ \ \							_	•
DIRECTOR	1 00	Х	_	_		_		0.	0.	0
(16) LARRY MATTESON	1.00	X						0.	0.	^
DIRECTOR (17) MICHAEL MOELLER	1.00	┝		\vdash				0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
DIRECTOR		14						0.	0.	Form 990 (201)

Form **990** (2018) 832007 12-31-18

Form 990 (2018) ROCHESTER	R/MONRO	3 (COU	נאנ	ry	, :	IN	CORPORATED	16-13	<u> 395</u>	<u>575</u>	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)			
(A)	(B)			(((D)	(E)			(F)
Name and title	Average			Posi	ition			Reportable	Reportable		Fs	timated
Namo and title	hours per			heck				="	compensatio			nount of
	week	box, unless person is both an officer and a director/trustee)							from related			other
	(list any	rot						the	organizations			pensation
	hours for	direc				Ļ			(W-2/1099-MIS			om the
	related	e or	stee			sate		(W-2/1099-MISC)	(11 2) 1000 11110	,0,		anization
	organizations	truste	l tri		ee/	mpei		(** = *********************************			·	d related
	below	dual	ition	L	nplo	st co	 					anizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	E E					
(18) STEPHANIE ROMNEY	1.00	_	_		_							
DIRECTOR		х						0.		0.		0.
(19) NICOLE VANGORDER	1.00											
DIRECTOR		x						0.		0.		0.
(20) RITA NISCHAL	1.00					+		•		•		
	1.00	7.								^		0
DIRECTOR	1 00	Х				_	_	0.		0.		0.
(21) MICHAEL SHAY	1.00	 										•
DIRECTOR		Х						0.		0.		0.
(22) KELLY WILMOT	1.00											
DIRECTOR		Х						0.		0.		0.
(23) DAN WAGNER	1.00											
DIRECTOR		Х						0.		0.		0.
(24) PATRICIA WOODS	35.00											
PRESIDENT & CEO (RETIRED)				х				60,775.		0.		0.
(25) CHACKUPRACKAL MATHAI	35.00							107				
PRESIDENT & CEO	33.00			x				76,216.		0.		0.
TRESIDENT & CEO						+		70,210.		•		
						_	Ļ	136,991.		0.		0.
1b Sub-total								130,991.		0.		0.
c Total from continuation sheets to Part VI								• •			<u> </u>	
d Total (add lines 1b and 1c)							<u> </u>	136,991.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wl	no r	received more than \$100	0,000 of reportabl	le		•
compensation from the organization												0
												Yes No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150									· ·		4	X
5 Did any person listed on line 1a receive or a									idual for services			
rendered to the organization? If "Yes," com	•				•			•			5	Х
Section B. Independent Contractors	<i>p.o.c. cocaa.</i>		0, 0,		00.0							
	mponeated in	done	ndo	nt c	onti	racto	orc :	that received more than	\$100,000 of com	none	ation f	
	-	-								ibelis	alioni	10111
the organization. Report compensation for	ine calendar y	ear	enai	ng v	VILII	Or w	rurii		year.			
(A) Name and business	address	NT/	NI					(B) Description of s	convices	C	O)	رَد) nsation
- Name and business	address	14(ואנ					Description of s	services		ompei	Isation
2 Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se li	sted	d above) who received n	nore than			

\$100,000 of compensation from the organization

Form 990 (2018) ROCHESTI
Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonee	or note to any li	ne in this Part VIII			
		Crieck ii Scriedule O corit	airis a response	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
<u>(0. (0. l</u>				00 504		revenue	revenue	512 - 514
nts	1 a	Federated campaigns	1a	90,504.				
S a	b	Membership dues	1b					
S, (c	Fundraising events	1c	52,300.				
ar	d	Related organizations	1d					
s, (Government grants (contribut		940,607.				
ÖÖ		All other contributions, gifts, gran	· —	-				
he la	-	similar amounts not included above	· I I	158,348.				
들진		Noncash contributions included in lines		,	-			
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			2,241,759.			
- "		Total. Add lines 1a-11		Business Code				
	_	PROGRAM FEES		900099	301,617.	301,617.		
<u>i</u>	2 a		T C	453310	47,077.	47,077.		
ne P	b	SALE OF MATERIA	тр	453310	47,077.	4/,0//•		
n S	C							
Fa Se	C							
Program Service Revenue	е							
۵	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		.	348,694.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			6,688.			6,688.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
								
		Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	9,697.	(ii) Otrici	-			
	h	Less: cost or other basis	3,03,0		-			
	L.		0.					
		and sales expenses	0 600		-			
		Gain or (loss)			9,697.			9,697.
		Net gain or (loss)			3,031.			9,091.
ne	8 a	Gross income from fundraising 52,3						
Other Reven								
Be		contributions reported on line	•	15 250				
ē		Part IV, line 18		15,359.				
₹		Less: direct expenses		20,970.				
-		Net income or (loss) from fund	-	<u></u>	-5,611.			-5,611.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses						
	c	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sale	s of inventory	>				
ſ		Miscellaneous Revenu		Business Code				
Ī	11 a	MISCELLANEOUS I	NCOME	900099	475.			475.
	b							
	c							
	d	All other revenue						
		Total. Add lines 11a-11d		>	475.			
	12	Total revenue See instructions			2.601.702.	348,694.	0.	11 249.

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).

3601	On 50 I (c)(3) and 50 I (c)(4) organizations must com				
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX (B)	(C)	(D)
	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,	100 001		100 001	
_	trustees, and key employees	100,991.		100,991.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1,290,464.	1,204,644.	31,813.	54,007.
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,270,404.	1,201,014.	31,013.	54,007•
0	section 401(k) and 403(b) employer contributions)	44,076.	39,520.	4,209.	347.
9	Other employee benefits	119,318.	107,911.	11,344.	63.
10	Payroll taxes	102,415.	88,982.	9,201.	4,232.
11	Fees for services (non-employees):	,	,	, -	,
	Management				
	Legal	3,100.	600.	2,500.	
	Accounting	19,315.	2,550.	16,765.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0 000	П 626	205	4.4
	column (A) amount, list line 11g expenses on Sch O.)	8,032.	7,636.	385.	11.
12	Advertising and promotion	74 226	62 076	10 016	2 224
13	Office expenses	74,326. 38,409.	62,076. 36,607.	10,016.	2,234.
14	Information technology	30,403.	30,007.	1,002.	
15	Royalties	248,954.	216,061.	29,843.	3,050.
16 17	Occupancy	41,297.	40,564.	692.	41.
18	Payments of travel or entertainment expenses	11/25/0	10/3011	0,2.	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,601.	34,787.	4,739.	75.
20	Interest	2,641.		2,641.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,326.	20,591.	1,735.	
23	Insurance	28,102.	23,178.	4,788.	136.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT SERVICE FEES	89,847.	46,933.	29,527.	13,387.
b	EQUIPMENT RENTAL AND MA	49,573.	41,463.	7,986.	124.
С	PARTICIPANT EXPENSES	47,126.	47,001.	125.	
d	UTILITIES	38,867.	34,915.	3,551.	401.
е	All other expenses	156,625.	116,225.	33,356.	7,044.
25	Total functional expenses. Add lines 1 through 24e	2,565,405.	2,172,244.	308,009.	85,152.
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 fillowing SOP 98-2 (ASC 958-720)				
	or 10.21.10				Form 990 (2018)

Pai	π λ	Balance Sneet					
		Check if Schedule O contains a response or no	te to any l	ine in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1				96,639.	1	85,312.
	2	Savings and temporary cash investments		34,393.	2	65,249.	
	3	Pledges and grants receivable, net	150 105	3	200 065		
	4	Accounts receivable, net		159,195.	4	209,065.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec		·			
Assets		employees' beneficiary organizations (see instr)				6	
\ss	7	Notes and loans receivable, net				7	
~	8	Inventories for sale or use		04 112	8	20 240	
	9	Prepaid expenses and deferred charges			24,113.	9	32,348.
	10a	Land, buildings, and equipment: cost or other		200 007			
		basis. Complete Part VI of Schedule D	10a	280,027.	00 000		110 (17
		Less: accumulated depreciation	10b	169,410.	89,239.	10c	110,617.
	11	Investments - publicly traded securities	445,598.	11	428,788.		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		040 177	15	021 270	
	16	Total assets. Add lines 1 through 15 (must equ	849,177.	16	931,379.		
	17	Accounts payable and accrued expenses	127,332.	17	179,778.		
	18	Grants payable		16 171	18	21 07/	
	19	Deferred revenue			46,174.	19	21,974.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and forme					
ij		key employees, highest compensated employee	•				
Liabilities		Complete Part II of Schedule L				22	F0 000
_	23	Secured mortgages and notes payable to unrela				23	50,000.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	•	· .		05	
	00	Schedule D			173,506.	25	251,752.
	26			hava N Y and	173,300.	26	231,132.
"		Organizations that follow SFAS 117 (ASC 958		nere 🚩 🔼 and			
ĕ	07	complete lines 27 through 29, and lines 33 ar			594,768.	27	582,330.
lan	27	Unrestricted net assets			80,903.	28	97,297.
Ba	28	Temporarily restricted net assets			00,505.		71,271.
Fund Balances	29			chock hore		29	
Ē		Organizations that do not follow SFAS 117 (A					
S O	20	and complete lines 30 through 34.				20	
se	30	Capital stock or trust principal, or current funds			30		
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31	
Ne.	32	Retained earnings, endowment, accumulated in			675,671.	32	679,627.
	33	Total liabilities and not assets/fund balances			849,177.	34	931,379.
	34	Total liabilities and net assets/fund balances			047,111.	ა4	551,579.

Form 990 (2018)

16-1395575 Page **12** ROCHESTER/MONROE COUNTY, INCORPORATED

Pai	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		Ш			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,60					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,56		$\frac{05.}{97.}$			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	5 Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	67	9,6	<u> 27.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				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 in Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Employer identification number

THE MENTAL HEALTH ASSOCIATION OF Name of the organization ROCHESTER/MONROE COUNTY, INCORPORATED 16-1395575 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 ROCHESTER/MONROE COUNTY, INCORPORATED 16-1395575 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1,980,516.	2,064,779.	2,046,716.	2,142,107.	2,241,759.	10,475,877.
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						
	the organization without charge						
4	Total. Add lines 1 through 3	1,980,516.	2,064,779.	2,046,716.	2,142,107.	2,241,759.	10,475,877.
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.						10,475,877.
	etion B. Total Support		# N 00.45	(),,,,,	(n oo (=	() 00/0	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1,980,516.	2,064,779.	2,046,716.	2,142,107.	2,241,759.	10,475,877.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	3,299.	2,531.	4,010.	5,045.	6,688.	21,573.
_	and income from similar sources	3,299.	2,331.	4,010.	3,043.	0,000.	21,373.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						10,497,450.
11 12	Gross receipts from related activities,	ote (soo instruction	one)			12 1	,389,185.
13	First five years. If the Form 990 is for			1 fourth or fifth ta	v vear as a sectio	· · · · · · · · · · · · · · · · · · ·	, 303 , 103 •
	organization, check this box and stor	-	s mot, occoria, triir	a, rourtii, or illiir ta	A year as a sectio	11 30 1(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2018 (olumn (f))		14	99.79 %
15	Public support percentage from 2017					15	99.83 %
	33 1/3% support test - 2018. If the o					· · · · · · · · · · · · · · · · · · ·	
	stop here. The organization qualifies	•		,		•	\triangleright X
b	33 1/3% support test - 2017. If the						is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ū					Ť
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ	cumstances" test.	The organization of	ualifies as a public	cly supported orga	anization	>
18	Private foundation. If the organization						s >

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ROCHESTER/MONROE COUNTY, INCORPORATED

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	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					•	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization?	s first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve					·	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2017. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A (Form 990 or 990-EZ) 2018 ROCHESTER/MONROE COUNTY, INCORPORATED

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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		
_		
3a		
3b		
Зс		
4a		
4.		
4b		
4c		
5a		
- Gu		
5b		
5c		
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8		
9a		
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Pa	rt IV Supporting Organizations _(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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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			
	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 in (2), 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 yea(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 government entity (see ins	tructions	ÍП	
2	Activities Test. Answer (a) and (b) 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	,			
	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 (a) and (b) 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? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		
	OLUS SUDDOCLEO OFORDIZATIONS CILL TES. DESCRIDE ID PART VI TOE FOIE DIAVED DV TOE OFORDIZATION IN TOIS FECERA	, ∢n		

Schedule A (Form 990 or 990-EZ) 2018 ROCHESTER/MONROE COUNTY, INCORPORATED 16-1395575 Page 6

Pa	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 qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ections 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 1-1/2% 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 .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 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-functional	lly integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 ROCHESTER/MONROE COUNTY, INCORPORATED 16-1395575 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti		Distributions		,	Current Year
1	Amount				
2	Amount	ts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiz	ations, in excess of income from activity			
3	Adminis	strative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amount	ts paid to acquire exempt-use assets			
5	Qualifie	d set-aside amounts (prior IRS approval required)			
6	Other d	istributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	tions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide	e details in Part VI). See instructions.			
9	Distribu	table amount for 2018 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount			
Secti	ion E - D	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distribu	table amount for 2018 from Section C, line 6			
2	Underd	istributions, if any, for years prior to 2018 (reason-			
	able ca	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2018			
а	From 20	013			
b	From 20	014			
С	From 20	015			
d	From 20	016			
е	From 20	017			
f	Total of	f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2018 distributable amount			
i	Carryov	ver from 2013 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	tions for 2018 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2018 distributable amount			
С		der. Subtract lines 4a and 4b from 4.			
5		ing underdistributions for years prior to 2018, if			
		btract lines 3g and 4a from line 2. For result greater			
		ro, explain in Part VI. See instructions.			
6		ing underdistributions for 2018. Subtract lines 3h			
		from line 1. For result greater than zero, explain in			
		See instructions.			
7		distributions carryover to 2019. Add lines 3j			
	and 4c.				
8		own of line 7:			
		from 2014			
		from 2015			
		from 2016			
		from 2017			
_	-VCDCC	from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ROCHESTER/MONROE COUNTY, INCORPORATED 16-1395575 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

Employer identification number

16-1395575

Organiz	organization type (check one):						
Filers of	f:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address II, and III.							
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
THE MENTAL HEALTH ASSOCIATION OF
ROCHESTER/MONROE COUNTY, INCORPORATED

Employer identification number

16-1395575

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,614,546. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, audress, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE MENTAL HEALTH ASSOCIATION OF
ROCHESTER/MONROE COUNTY, INCORPORATED

Employer identification number

16-1395575

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization
THE MENTAL HEALTH ASSOCIATION OF
ROCHESTER/MONROE COUNTY, INCORPORATED

Employer identification number

16-1395575

Use	oleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional	space is needed.	less for the year. (Enter this info. once.)		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee		
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
- _					
		(e) Transfer of gif	 f gift		
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
- -					
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
lo.	#ND 4 19		(05 : 11 : 11 : 11 : 11 : 11		
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		()=			
	Transferee's name, address, a	(e) Transfer of gif	of gift Relationship of transferor to transferee		
-					

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 Open to Public Inspection

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

Employer identification number 16-1395575

Par			is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		rised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	l l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	•	-
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
_	\$		70 (L) (A) (D) (D)
8	Does each conservation easement reported on line 2(d) abov	-	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	s the organization's accounting for
Par	conservation easements. rt III Organizations Maintaining Collections of	f Δrt Historical Treasures or 0	Other Similar Assets
. u.	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
ıu	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that descri		arios or public corvice, provide, irri arrivini,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		and derived, provide the renoving announce
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 1:		g, p
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		

ROCHESTER / MONROE COUNTY INCORPORATED

Sche	dule D (Form 990) 2018 ROCHESTI	ER/MONROE CO	OUNTY, IN	CORPOR.	ATED		16-13	95575	Page 2
Pai	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, o	or Othe	r Simil	ar Asse	ts (continu	ied)
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following tha	at are a si	gnificant	use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange progra	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain h	now they further th	he organizati	ion's exer	npt purpo	ose in Par	XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of the	organization's co	ollection?				Yes	No_
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contribution	s or other as	sets not	included		_	
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					. 1c			
d	Additions during the year					. 1d			
	Distributions during the year								
f	Ending balance					. 1f			
2a	Did the organization include an amount on Fo					ity?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation has been	provided on	Part XIII				
Pai	t V Endowment Funds. Complete if	the organization answ	vered "Yes" on Fo	rm 990, Parl	t IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two year	rs back ((d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	445,598.	401,550.	37	4,454.	3	72,598.		358,574.
b	Contributions								
	Net investment earnings, gains, and losses	-12,983.	47,623.	3:	1,059.		5,192.		17,506.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	3,827.	3,575.		3,963.		3,336.		3,482.
	End of year balance	428,788.	445,598.	40	1,550.	3	74,454.	3	372,598.
2	Provide the estimated percentage of the curr	ent year end balance (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	100.00	6						
b	Permanent endowment	%							
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organization	on that are held a	nd administe	ered for th	ne organiz	zation		
	by:								res No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the	organization's endowr	ment funds.						
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990, F	Part IV, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or other	er (b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investme			dep	reciation		=	
1a	Land								
	Buildings								
	Leasehold improvements		10	9,749.		66,3	96.	43	,353.
	Equipment			0,278.	1	.03,0	14.	67	,264.
	Other								

Schedule D (Form 990) 2018

110,617.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

ROCHESTER/MONROE COUNTY, INCORPORATED 16-1395575 Page 3

	(Form 990) 2018	ROCHESTER/M	ONROE	COUNT	ΓΥ, Ι	NCORPORA	TED	16-1395575	Page (
		Other Securities.							
	Complete if the orga	anization answered "Yes"	on Form 99	90, Part IV,	, line 11b	. See Form 990,	Part X, line 12.		
(a) Descrip	tion of security or categ	OTY (including name of security)	(b) Bo	ook value		(c) Method of v	/aluation: Cost	or end-of-year market	value
(1) Financia	al derivatives								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
	b) must equal Form 990	, Part X, col. (B) line 12.)							
		Program Related.							
	,	anization answered "Yes"	on Form 99	90. Part IV.	. line 11c	. See Form 990.	Part X. line 13.		
	(a) Description of	investment		ook value	, <u> </u>	(c) Method of v	/aluation: Cost	or end-of-year market	value
(1)								<u> </u>	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)					_				
(9)					_				
	h) must equal Form 990	, Part X, col. (B) line 13.)							
Part IX	Other Assets.	, 1 art A, 661. (B) line 16.)							
1 3.1 5 13 5		anization answered "Yes"	on Form 99	90 Part IV	line 11d	See Form 990	Part X line 15		
			Description		,			(b) Book va	alue
(1)			•					, ,	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	mn (h) must equal Fo	orm 990, Part X, col. (B) line	2 15)						
Part X	Other Liabilitie		. 10.)						
rarex		anization answered "Yes"	on Form 90	00 Part IV	line 11e	or 11f See For	m 990 Part X li	ine 25	
1	· · · · · · · · · · · · · · · · · · ·	escription of liability	OIII OIIII O	1		Book value	11000,1 art X, 11	1110 20.	
(1) Fed	leral income taxes	e e masimi			(-,-		-		
(2)	lerai iricorne taxes								
(3)									
(4)				+					
(5)				+			-		
(6)				+			-		
(7)							-		
(8)							-		
(9)		000 P 134 1 /P) "	- 05 \				-		
ı otal. (Colu	mn (b) must equal Fo	rm 990, Part X, col. (B) line	e 25.)	▶					

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

ROCHESTER/MONROE COUNTY, INCORPORATED Schedule D (Form 990) 2018 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,590,331. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments -32,341. 2a **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c 20,970. d Other (Describe in Part XIII.) -11,371.e Add lines 2a through 2d 2e 2,601,702. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 2.601 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,586,375. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 20,970. d Other (Describe in Part XIII.) 20,970. 2e e Add lines 2a through 2d 2,565,405. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 2,565,405. 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: TO SUPPORT THE PROGRAMS OF THE ASSOCIATION PART X, LINE 2: MHA IS AN EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). MHA HAS ALSO BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION. MANAGEMENT HAS DETERMINED THAT MHA HAS NO UNCERTAIN TAX POSITIONS,

INCLUDING THE TAX-EXEMPT STATUS OF THE ORGANIZATION AS OF DECEMBER 31,

2018.

Schedule D (Form 990) 2018 Part XIII Supplemental Inform	ROCHESTER/MONROE	COUNTY,	INCORPORATED	16-1395575 Page 5
Part XIII Supplemental Inform	nation (continued)			
PART XI, LINE 2D - O	THER ADJUSTMENTS:			
FUNDRAISING EXPENSES				20,970.
PART XII, LINE 2D -	OTHER ADJUSTMENTS	5:		
FUNDRAISING EXPENSES				20,970.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2018

Open to Public Inspection

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

Employer identification number 16-1395575

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. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Fotal			•				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	outions	s or has been notified	d it is exempt from re	egistration	

Schedule G (Form 990 or 990-EZ) 2018 ROCHESTER/MONROE COUNTY, INCORPORATED 16-1395575 Page 2

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

		or furidialsing event contributions and gre		LZ, IIICS T and Ob. List		ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			OPEN		NONE	(add col. (a) through
			MINDS/CEO EV (event type)	(event type)	(total number)	col. (c))
ηne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	67,659.			67,659.
Υ						
	2	Less: Contributions	52,300.			52,300.
			15 250			15 250
	3	Gross income (line 1 minus line 2)	15,359.			15,359.
	4	Cash prizes				
	ļ ·	G4517 P1/250				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
Ω̈́	_	Food and hoverages				
Sirec	′	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				20,970.
		Direct expense summary. Add lines 4 through				20,970.
D-	11	Net income summary. Subtract line 10 from li				-5,611.
Pä	rt I	III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$13,000 0111 01111 990-L2, line da.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	2	Noncash prizes				
Ë	3	Noncash phizes				
ireci	4	Rent/facility costs				
	5	Other direct expenses				
		Maharata ay lah ay	Yes %	Yes %	Yes %	
	6	Volunteer labor	∟∟ No	∟∟ No	∟ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
		,	. ,			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_						
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a	_	statos?		Yes No
		ne organization licensed to conduct gaming at No," explain:	ctivities in each of these	states?		. L Tes L NO
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2018 ROCHESTER/MONROE COUNTY, INCORPORATED 16-1	.3955/5	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءمدا	0/
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
_	If "Yes," enter name and address of the third party:		
C	The Yes, entername and address of the third party.		
	Name		
	Address ▶		
40	Out in the second information.		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a		Yes	□ No
	retain the state gaming license?	163	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 ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

THE MENTAL HEALTH ASSOCIATION OF 16-1395575 Page 4 Schedule G (Form 990 or 990-EZ) ROCHESTER / Part IV Supplemental Information (continued) ROCHESTER/MONROE COUNTY, INCORPORATED

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) 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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

Employer identification number 16-1395575

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WELLNESS IN OUR COMMUNITY THROUGH EDUCATIONAL PROGRAMMING, REFERRAL TO NEEDED SERVICES AND INDIVIDUALIZED SUPPORT AND ASSISTANCE TO THOSE IN GREATER NEED. ALL OF OUR PROGRAMS FOCUS ON INCREASING EACH PERSONS ABILITY TO TAKE CARE OF HIM/HERSELF AS THEY MOVE BACK AND FORTH ALONG THE CONTINUUM OF MENTAL WELLNESS. WE WANT PEOPLE TO LEAVE THE MENTAL HEALTH ASSOCIATION KNOWING HOW TO RECOGNIZE WHEN THEY NEED HELP AND THE KNOW-HOW TO FOLLOW THE STEPS TO GET IT. (PER MHA WEBSITE)

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

OTHER MENTAL HEALTH RELATED PROGRAMS

EXPENSES \$ 1,081,560. INCLUDING GRANTS OF \$ 0. REVENUE \$ 288,546.

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

THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE PRIOR TO THE SUBMISSION OF THE FORM TO THE IRS. BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO REVIEW THE FORM 990 AND ASK QUESTIONS PRIOR TO FINAL SUBMISSION.

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

ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST POLICY STATEMENT ON AN ANNUAL BASIS.

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

COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BY THE BOARD ON AN ANNUAL

BASIS WITH ASSISTANCE FROM COMPARABLE DATA AND EVALUATION OF PERFORMANCE.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED	Employer identification number 16-1395575
ROCHESIER/MONROE COUNTI, INCORPORATED	10-1393373
FORM 990, PART VI, SECTION C, LINE 18:	
INFORMATION ON THE FORM 990 IS AVAILABLE UPON REQUEST TO	THE ADMINISTRATIVE
OFFICES.	
EODY 000 DADE UT GEGETON G. LINE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	
INFORMATION ON OTHER DOCUMENTS IS AVAILABLE UPON REQUEST	TO THE
ADMINISTRATIVE OFFICES.	
FORM 990, PART XI, LINE 2C	
ANNUAL AUDIT AND SELECTION OF AUDITOR IS REVIEWED ANNUALL	Y BY FINANCE
COMMITTEE CONSISTENT WITH PRIOR YEARS.	

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2018

Open to Public Inspection

1.General Information

For Fiscal Year Beginning	a (mm/dd/vv	$_{yy)}$ 01/01/2	2018 and Ending (mm/dd/yyyy) 12/31/	2018		
Check if Applicable:	Name of Or			== ,,,,,, ==, = .	Employer Identification Number (EIN):		
Address Change	THE MENTAL HEALTH ASSOCIATION OF ROCHEST 16-1395575						
Name Change	Mailing Add				NY Registration Number:		
Initial Filing	320 N	ORTH GOODI	MAN STREET		04-83-22		
Final Filing	DOCUMENT 1460F						
Amended Filing	· · · · · · · · · · · · · · · · · · ·						
Reg ID Pending	Website:	HAROCHESTI	ER.ORG		Email:		
Check your organization's							
registration category:	7A o	nly EPTL o	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		
2. Certification							
See instructions for certif	ication requir	rements. Improper	certification is a violation	of law that may be subject	to penalties. The certification requires		
two signatories.							
				g all attachments, and to the s of the State of New York a	e best of our knowledge and belief, applicable to this report.		
	•	,		MARY RUSSO			
President or Authorized	Officer:			PRESIDENT	& CEO		
		Signature		Print Name			
				PATRICK CO	LEMAN		
Chief Financial Officer of	r Treasurer:			TREASURER			
		Signature		Print Name	e and Title Date		
2 Appual Departing	a Evompti	ion					
3. Annual Reporting Exemption							
Chook the exemption(s) t	hat apply to	vour filipa. If vour c	rassization is eleiming or	a avamention under one out	agan, (7A ar EDTL anh, filara) ar bath		
1			-	•	egory (7A or EPTL only filers) or both		
categories (DUAL filers) to	hat apply to	your registration, c	omplete only parts 1, 2, a	and 3, and submit the certif	ied Char500. No fee, schedules, or		
categories (DUAL filers) ti additional attachments a	hat apply to y re required. It	your registration, co	omplete only parts 1, 2, a	and 3, and submit the certif			
categories (DUAL filers) to	hat apply to y re required. It	your registration, co	omplete only parts 1, 2, a	and 3, and submit the certif	ied Char500. No fee, schedules, or		
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

868451 01-15-19 1019 Page 1

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenifiling year. We have included an IRS Form 990-EZ for state purposes only.	
f you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	oort is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$\overline{X}\$ \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
Send Your Filing	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com . Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to: NYS Office of the Attorney General	NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 F7 Part I, line 21

Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Charities Bureau Registration Section

- IRS Form 990 PF, calculate the difference between

Total Liabilities (Part II, line 23(b)).

Total Assets at Fair Market Value (Part II, line 16(c)) and

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2018

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

NY Registration Number:

THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COU | 04-83-22

2. Government Grants

Name of Government Agency	,	Amount of Grant
1. WYOMING COUNTY DEPARTMENT OF MENTAL HEALTH	1.	252,892.
2. LIVINGSTON COUNTY	2.	43,447.
3. MONROE COUNTY	3.	1,614,546.
4. ONTARIO COUNTY	4.	29,722.
5.	5.	_
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	1,940,607.