

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FEDERATION OF ORGANIZATIONS FOR THE NEW YORK STATE MENTALLY DISABLED, INC.</b>		<b>D</b> Employer identification number <b>23-7237931</b>
	Doing business as		<b>E</b> Telephone number <b>(631) 669-5355</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>48,838,759.</b>
	<b>1 FARMINGDALE ROAD</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>WEST BABYLON, NY 11704</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>STEPHEN MCCARTHY</b> <b>1 FARMINGDALE ROAD, WEST BABYLON, NY 11704</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.FEDOFORG.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1972</b> <b>M</b> State of legal domicile: <b>NY</b>

**Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>PARTNERS WITH INDIVIDUALS, FAMILIES &amp; COMMUNITIES TO PROMOTE WELLNESS &amp; ENRICH QUALITY OF LIFE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>196</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-53,907.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	26,330,923.	28,056,146.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,578,971.	19,928,670.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	94,433.	13,049.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	884,401.	468,430.
		47,888,728.	48,466,295.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,351,738.	27,701,776.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>450,287.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,536,316.	21,016,365.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,888,054.	48,718,141.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-999,326.	-251,846.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	35,562,414.	36,342,801.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	30,839,133.	31,871,366.
	4,723,281.	4,471,435.	

**Signature Block**

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

**Sign Here** Signature of officer: *[Signature]* Date: **1/16/21**  
**STEPHEN MCCARTHY, CHIEF FINANCIAL OFFICER**  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **ELLEN M. LABITA, CPA** Preparer's signature: *[Signature]* Date: **1/16/21** Check if self-employed  PTIN: **P00140777**  
 Firm's name: **BAKER TILLY US, LLP** Firm's EIN: **39-0859910**  
 Firm's address: **125 BAYLIS ROAD SUITE 300 MELVILLE, NY 11747** Phone no. **631.752.7400**

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

FEDERATION OF ORGANIZATIONS FOR THE  
NEW YORK STATE MENTALLY DISABLED, INC.

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Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ 22,435,173. including grants of \$ ) (Revenue \$ 5,378,620.)

FEDERATION ASSISTS INDIVIDUALS AND FAMILIES, WITH ELDERLY AND/OR DISABLED MEMBERS, TO MEET THEIR OWN NEEDS THROUGH SELF HELP, PROVISION OF QUALITY SERVICES, ADVOCACY AND DEVELOPMENT OF RESOURCES. THE BELIEF IS THAT INDIVIDUALS AND COMMUNITIES FLOURISH BY HELPING PEOPLE HELP THEMSELVES TO BECOME PRODUCTIVE PARTICIPANTS IN COMMUNITY LIFE. FEDERATION OFFERS INDIVIDUALS RECOVERING FROM MENTAL ILLNESS THE OPPORTUNITY TO RETURN TO WORK IN A SUPPORTIVE ENVIRONMENT. THROUGH THE COMPANION PROGRAM PEOPLE ARE PROVIDED WITH PREVOCATIONAL ON-SITE TRAINING, SUPPORT, A DAILY STIPEND AND TRAVEL REIMBURSEMENT WHILE WORKING WITH OTHER INDIVIDUALS IN THE COMMUNITY RECOVERING FROM A MENTAL ILLNESS. FEDERATION'S OUTREACH PROGRAMS PROVIDE EMERGENCY CRISIS ASSISTANCE, IMMEDIATE SUPPORT ADVOCACY, AND INFORMATION AND

4b (Code: ) (Expenses \$ 18,799,770. including grants of \$ ) (Revenue \$ 15,294,666.)

INDIVIDUALS ARE OFTEN DISCHARGED FROM PSYCHIATRIC FACILITIES WITHOUT ADEQUATE SUPERVISION OR COMMUNITY SUPPORT. WHILE IN OUR RESIDENTIAL PROGRAMS, RESIDENTS LEARN HOW TO MANAGE DAILY LIVING SKILLS SUCH AS MEAL PREPARATION, BUDGETING, HOUSE CLEANING, SHOPPING, AND SOCIALIZATION SKILLS. OUR PROGRAMS HAVE A VARIETY OF LEVELS OF SUPERVISION, FROM 24 HOUR SUPERVISION TO MONTHLY VISITS.

4c (Code: ) (Expenses \$ 941,523. including grants of \$ ) (Revenue \$ )

OUR CONSUMER AFFAIRS DIVISION CONSISTS OF A VARIETY OF SERVICES DELIVERED TO MENTAL HEALTH CLIENTS BY PEER WORKERS, WHO ARE THEMSELVES IN RECOVERY OF MENTAL ILLNESS. THE NATURE OF THE INTERACTION BETWEEN TWO PEOPLE WITH SIMILAR EXPERIENCES (PEERS) DIFFERS FROM THAT OF THE PROFESSIONAL INTERACTION IN THAT THE PEER WORKER IS VIEWED AS A ROLE MODEL WHO IS ABLE TO SHARE HIS PERSONAL RECOVERY EXPERIENCES.

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 834,887. including grants of \$ ) (Revenue \$ 9,876.)

4e Total program service expenses 43,011,353.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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Checklist of Required Schedules (continued)

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

Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		238
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a	5											
1b		5										
2										X		
3											X	
4											X	
5											X	
6											X	
7a												X
7b												X
8												
a										X		
b										X		
9												X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a												X
10b												
11a			X									
12a				X								
12b				X								
12c						X						
13							X					
14								X				
15a									X			
15b									X			
16a												X
16b												

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**STEPHEN MCCARTHY - 631-669-5355**  
**1 FARMINGDALE ROAD, WEST BABYLON, NY 11704**

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA FARON CHIEF EXECUTIVE OFFICER	35.00 5.00			X				345,938.	0.	40,203.
(2) ANTHONY ANGELO CHIEF MEDICAL OFFICER	35.00 0.00			X				337,327.	0.	9,841.
(3) PHILIP MATCOVSKY CHIEF OPERATING OFFICER	35.00 5.00			X				310,585.	0.	30,069.
(4) KARINE GRIGORYANTS ASSISTANT MEDICAL DIRECTOR	35.00 0.00				X			328,608.	0.	9,553.
(5) STEPHEN MCCARTHY CHIEF FINANCIAL OFFICER	35.00 5.00			X				272,204.	0.	38,618.
(6) MARIE KARINE CHARLOT PSYCHIATRIST	35.00 0.00					X		210,741.	0.	14,256.
(7) TRACY ANN FALKNER DEPUTY CHIEF OPERATING OFFICER	35.00 0.00				X			196,373.	0.	24,072.
(8) CARISSA ROMANO PHYSICIAN ASSISTANT	35.00 0.00					X		187,298.	0.	13,567.
(9) ELIZABETH GALATI DEPUTY CHIEF OPERATING OFFICER	35.00 0.00				X			183,077.	0.	14,312.
(10) LISA WEISS DIRECTOR OF COMPLIANCE/QUALITY MANAG	35.00 0.00					X		150,303.	0.	12,495.
(11) OLABISI OSHIKANLU NURSE PRACTITIONER	35.00 0.00					X		146,590.	0.	7,677.
(12) MICHELLE COHN DIRECTOR OF HUMAN RESOURCES	35.00 0.00					X		141,552.	0.	5,240.
(13) NANCY SCHONBERG PRESIDENT	5.00 5.00	X		X				0.	0.	0.
(14) EDWARD VARON VICE PRESIDENT	5.00 5.00	X		X				0.	0.	0.
(15) GREG DURSO SECRETARY/TREASURER	5.00 5.00	X		X				0.	0.	0.
(16) RICHARD TURAAN DIRECTOR	5.00 5.00	X						0.	0.	0.
(17) LEONARD C. ACHAN DIRECTOR	5.00 5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							2,810,596.	0.	219,903.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,810,596.	0.	219,903.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 20

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UAI, URBAN ARCHITECTURAL INITIATIVES 233 BROADWAY, STE. 2150, NEW YORK, NY 10279	ARCHITECT	1,075,898.
LINCOLN COMPUTER SERVICES LLC 25 BLOOMINGDALE ROAD, HICKSVILLE, NY 11801	MANAGED IT SERVICES	686,269.
ALCOTT HR GROUP LLC, 71 EXECUTIVE BOULEVARD, FARMINGDALE, NY 11735	PEO (HR & PAYROLL SERVICES)	403,819.
LEGION SECURITY GROUP INC., 90-50 PARSONS BLVD, STE. 208, JAMAICA, NY 11432	SECURITY GUARDS	369,753.
JTE ENTERPRISES 390 SUFFOLK AVE, ISLANDIA, NY 11749	CONTRACTED TRANSPORTATION	282,722.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16



Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 7,500.				
	b Membership dues	1b				
	c Fundraising events	1c 40,700.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 27,687,320.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 320,626.				
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>28,056,146.</b>			
	Program Service Revenue	<b>Business Code</b>				
2 a COMM MENTAL HEALTH		623990	15,108,278.	15,108,278.		
b RESIDENTIAL SERVICES		624310	4,810,516.	4,810,516.		
c SENIOR SUPPORT SERVICES		624100	9,876.	9,876.		
d						
e						
f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>		<b>19,928,670.</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,049.		13,049.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a (i) Real	225,450.			
		6b (ii) Personal	371,111.			
		6c	-145,661.			
	d Net rental income or (loss)		-145,661.	-53,907.	-91,754.	
	7 a Gross amount from sales of assets other than inventory	7a (i) Securities				
		7b (ii) Other				
		7c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 40,700. of contributions reported on line 1c). See Part IV, line 18	8a	27,941.			
		8b Less: direct expenses	1,353.			
		c Net income or (loss) from fundraising events		26,588.		26,588.
9 a Gross income from gaming activities. See Part IV, line 19	9a					
	9b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a					
	10b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>Business Code</b>					
	11 a DEVELOPER FEE	900099	181,848.	181,848.		
	b DRSHIP FUNDS	900099	133,736.	133,736.		
	c TRUSTEE COMMISSIONS	900099	120,124.		120,124.	
	d All other revenue	900099	151,795.	52,652.	99,143.	
	<b>e Total. Add lines 11a-11d</b>		<b>587,503.</b>			
<b>12 Total revenue. See instructions</b>		<b>48,466,295.</b>	<b>20,296,906.</b>	<b>-53,907.</b>	<b>167,150.</b>	

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Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ..				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,140,780.	685,329.	1,455,451.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	19,839,459.	18,094,414.	1,737,174.	7,871.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	523,151.	498,660.	24,378.	113.
9 Other employee benefits .....	2,356,012.	2,075,668.	279,891.	453.
10 Payroll taxes .....	2,842,374.	2,448,879.	392,970.	525.
11 Fees for services (nonemployees):				
a Management .....	959,661.	688,841.	235,738.	35,082.
b Legal .....	44,364.	19,605.	24,759.	
c Accounting .....	192,250.		192,250.	
d Lobbying .....	112,700.	112,700.		
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	574,782.	555,901.	12,542.	6,339.
12 Advertising and promotion .....				
13 Office expenses .....	878,280.	688,405.	187,688.	2,187.
14 Information technology .....	562,596.	432,381.	130,135.	80.
15 Royalties .....				
16 Occupancy .....	11,636,711.	11,542,046.	79,740.	14,925.
17 Travel .....	278,232.	261,765.	16,467.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	10,485.	2,209.	8,276.	
20 Interest .....	242,458.	116,000.	91,538.	34,920.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	913,635.	695,495.	63,407.	154,733.
23 Insurance .....	916,931.	827,965.	74,999.	13,967.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>REPAIRS &amp; MAINTENANCE</b> .....	1,343,316.	1,220,945.	55,957.	66,414.
b <b>EXPENSED EQUIPMENT</b> .....	453,431.	433,549.	18,197.	1,685.
c <b>VOLUNTEER STIPENDS</b> .....	411,221.	411,221.		
d <b>DUES AND SUBSCRIPTIONS</b> .....	324,134.	257,361.	64,498.	2,275.
e All other expenses .....	1,161,178.	942,014.	110,446.	108,718.
25 Total functional expenses. Add lines 1 through 24e	48,718,141.	43,011,353.	5,256,501.	450,287.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SCP 99-2 (ASC 958-720)

**Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	1,787,592.	1	3,482,565.
	2	Savings and temporary cash investments	170,874.	2	178,146.
	3	Pledges and grants receivable, net	6,235,637.	3	4,446,292.
	4	Accounts receivable, net	5,806,970.	4	5,341,762.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,754,719.	9	1,916,684.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,441,297.		
	b	Less: accumulated depreciation	10b 10,583,940.	10c	10,857,357.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,371,486.	15	10,119,995.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	35,562,414.	16	36,342,801.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	3,489,404.	17	1,653,825.
	18	Grants payable		18	
	19	Deferred revenue	939,582.	19	5,183,759.
	20	Tax-exempt bond liabilities	2,076,891.	20	1,883,316.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	5,769,072.	21	6,821,718.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,842,331.	23	3,919,720.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,721,853.	25	12,409,028.
	26	<b>Total liabilities.</b> Add lines 17 through 25	30,839,133.	26	31,871,366.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	4,573,500.	27	4,344,462.
	28	Net assets with donor restrictions	149,781.	28	126,973.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	4,723,281.	32	4,471,435.	
33	<b>Total liabilities and net assets/fund balances</b>	35,562,414.	33	36,342,801.	

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**Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,466,295.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,718,141.
3	Revenue less expenses. Subtract line 2 from line 1	3	-251,846.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,723,281.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,471,435.

**Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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