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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2009****Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning**, 2009, and ending, 20**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization

Geriatric Mental Health Foundation

Number and street (or P O box, if mail is not delivered to street address)

7910 Woodmont Avenue

Room/suite

1050

City or town, state or country, and ZIP + 4

Bethesda, MD 20814

**D** Employer identification number

52-1945946

**E** Telephone number

301-654-7850

**F** Group Exemption  
Number ►• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach  
a completed Schedule A (Form 990 or 990-EZ).**G** Accounting Method ☐ Cash ☒ Accrual  
Other (specify) ►**I** Website: ► www.GMHFonline.org**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A  
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 402388**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	49955
	2	Program service revenue including government fees and contracts	2	10413
	3	Membership dues and assessments	3	0
	4	Investment income	4	27928
	5a	Gross amount from sale of assets other than inventory	5a	288657
	b	Less: cost or other basis and sales expenses STATEMENT 1	5b	286959
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1698
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	25435
	b	Less: direct expenses other than fundraising expenses	6b	25696
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(261)	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	89733	
Expenses	10	Grants and similar amounts paid (attach schedule) STATEMENT RECEIVED	10	14889
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	39040
	13	Professional fees and other payments to independent contractors	13	10631
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	22891
	16	Other expenses (describe ► SEE STATEMENT 3)	16	64039
	17	<b>Total expenses.</b> Add lines 10 through 16	17	151490
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(61757)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	783070
	20	Other changes in net assets or fund balances (attach explanation) Statement 4	20	118162
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	839475

**Part II** Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	639433	22 494422
23 Land and buildings	0	23 0
24 Other assets (describe ► SEE STATEMENT 5)	185223	24 376340
25 <b>Total assets</b>	824656	25 870762
26 <b>Total liabilities</b> (describe ► ACCOUNTS PAYABLE AND DEFERRED REVENUE)	41586	26 31287
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	783070	27 839475

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

Cat No 106421

Form **990-EZ** (2009)

SCANNED AUG 30 2010

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 6</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b>	<b>CONSUMER BROCHURES, EDUCATIONAL PUBLICATIONS, &amp; WEB SITE - SEE STATEMENT 6</b>		
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	<b>51999</b>
<b>29</b>	<b>EDUCATIONAL PROGRAMS - SEE STATEMENT 6</b>		
(Grants \$ <u>11000</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	<b>14219</b>
<b>30</b>	<b>MEDICAL STUDENT AND RESIDENT PROGRAMS - SEE STATEMENT 6</b>		
(Grants \$ <u>3889</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	<b>3889</b>
<b>31</b>	Other program services (attach schedule) <input type="checkbox"/>	<b>31a</b>	
(Grants \$ <u>    </u> ) If this amount includes foreign grants, check here <input type="checkbox"/>			
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	<b>70107</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Christine deVries 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Exec Director, 15	18953	3973	0
Sanjay Gupta 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Chair of the Board, 5	0	0	0
Frederic Blow 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Vice Chair, .5	0	0	0
Maria Llorente 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Sec/Treasurer, .5	0	0	0
C. Nelson Berigtold 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Rick Birkel 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Martha Bruce 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Christopher Colenda 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Michael Friedman 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Robyn Golden 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Gary Kennedy 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Melinda Lantz 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Burton Reifler 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Charles Reynolds, III 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Warachal Faison 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0
Bruce Pollock 7910 Woodmont Ave, Ste 1050, Bethesda, MD 20814	Director, .25	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	✓
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	✓
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . . <b>N/A</b>	<b>35b</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .	<b>40b</b>	✓
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed ▶ <b>Maryland, Tennessee</b>		
<b>42a</b> The organization's books are in care of ▶ <b>The Foundation</b> Telephone no. ▶ <b>301-654-7850</b> Located at ▶ <b>7910 Woodmont Ave, Ste 1050, Bethesda, MD</b> ZIP + 4 ▶ <b>20814</b>		
<b>b</b> 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)? . . . . .	<b>42b</b>	✓
If "Yes," enter the name of the foreign country: ▶ <b>N/A</b>		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country: ▶ <b>N/A</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	✓
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>45</b>	✓

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? <b>STATEMENT 7</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

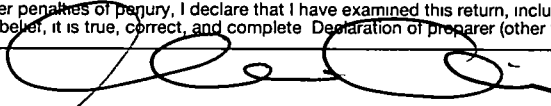
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

**f** Total number of other employees paid over \$100,000 . . . . . **0**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

<b>Sign Here</b>	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		8-1-10 Date	
<b>Paid Preparer's Use Only</b>	Christine M. deVries, Executive Director		Type or print name and title	
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

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



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41300	81170	182336	26954	49955	381715
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 <b>Total.</b> Add lines 1 through 3	41300	81170	182336	26954	49955	381715
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)						74509
6 <b>Public support.</b> Subtract line 5 from line 4.						307206

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	41300	81170	182336	26954	49955	381715
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52787	81942	90630	63752	27928	317039
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	14389	6809	10717	12021	35848	79784
11 <b>Total support.</b> Add lines 7 through 10						778538
12 Gross receipts from related activities, etc. (see instructions)					12	79784
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	39.46 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	36.09 %
16a <b>33⅓% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33⅓% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



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

Part II, Line 1 - Unusual contribution not included: In 2005, \$199,700 from a dissolving 501(s)(3) publicly supported organization.

Part II, Line 10, Other income details. 2005: \$4,104 bulk sales of consumer brochures & educational products and \$10,285 ticket sales to educational symposium; 2006: \$4,254 bulk sales of consumer brochures and educational products and \$2,555 ticket sales to educational symposium; 2007: \$5,477 bulk sales of consumer brochures and educational products and \$5,240 ticket sales to a special event; 2008: \$8,236 bulk sales of consumer brochures and educational products and \$3,785 ticket sales to special event and book signing; 2009: \$10,413 bulk sales of consumer brochures and educational products and \$25,435 ticket sales to a special event.

Department of the Treasury  
Internal Revenue Service

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

2009

## Open To Public Inspection

**Geriatric Mental Health Foundation**

52 : 1945946

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

- d** ☐ In-person solicitations

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

**Total** . . . . . ▶

- [illegible]

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 annual event (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	25435			25435
	2 Less: Charitable contributions . . . . .	0			0
	3 Gross income (line 1 minus line 2) . . . . .	25435			25435
Direct Expenses	4 Cash prizes . . . . .	0			0
	5 Noncash prizes . . . . .	0			0
	6 Rent/facility costs . . . . .	0			0
	7 Food and beverages . . . . .	20988			20988
	8 Entertainment . . . . .	3895			3895
	9 Other direct expenses . . . . .	813			813
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 25696 )
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				(261)

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities. _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	

	Yes	No
13		
14		
15a		
17a		

**13** Indicate the percentage of gaming activity operated in:

- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

**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? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
- 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 ▶ \$

**Geriatric Mental Health Foundation**

**52-1945946**

**Form 990-EZ Attachment**

**Statements 1 - 3**

**For the year ended 12/31/09**

**Statement 1 – Part I, Line 5 – Sales of assets other than inventory**

Line 5a – Gross amount from sales of mutual funds	\$288,657
Line 5b – Less: Cost and sales expenses	<u>(286,959)</u>
Line 5c – Gain	\$ 1,698

**Statement 2 – Part I, Line 10 – Grants & similar amounts paid**

**Amounts paid in excess of \$5,000:**

Service Program for Older People, Inc. (SPOP)	\$10,000
302 West 91 <sup>st</sup> Street	
New York, NY 10024	

In March 2009 SPOP was awarded the GMHF/AAGP Deirdre Johnston Award for Excellence and Innovation in Geriatric Mental Health Outreach Services for the organization's dedication and exemplary service to Manhattan's older adults needing mental health services, including those who are homebound. This \$10,000 annual award is designed to encourage programs to provide and/or expand direct services for meeting the mental health needs of the frail elderly in their homes.

**Statement 3 – Part I, Line 16 – Other Expenses**

Meetings & Conferences	\$4,318
Internet & website fees	2,523
Dues	500
Bank, Credit Card, and Charitable Registration fees	8,112
Supplies	647
Conference Calls	205
Travel, lodging & meals	9,717
Overhead allocation – includes rent, telephone, equipment, Insurance, administrative expense	38,017 -----
Line 16 – Total Other Expenses	\$64,039

**Geriatric Mental Health Foundation**  
**52-1945946**  
**Form 990-EZ Attachment**  
**Statements 4 - 5**  
**For the year ended 12/31/09**

**Statement 4 - Part I, Line 20 - Other change in net assets or fund balances**

<b>Line 20 - Unrealized Gains on Investments</b>	<b><u>\$118,162</u></b>
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**Statement 5- Part II, Line 24 - Other Assets**

Accrued Revenue	\$16,041
Prepaid Expenses & Deposits	8,948
Contribution Pledges Receivable	31,651
Note Receivable	319,700
<b>Line 24 - Other Assets</b>	<b><u>\$376,340</u></b>

**Geriatric Mental Health Foundation**  
**52-1945946**  
**Form 990 Attachment**  
**Statement 6**  
**For the year ended 12/31/2009**

**Statement 6 – Part III - The Organization's Primary Exempt Purpose**

The Geriatric Mental Health Foundation was established to raise awareness of psychiatric and mental health disorders affecting the elderly, eliminate the stigma of mental illness and treatment, promote healthy aging strategies, and increase access to quality mental health care for the elderly. The Foundation focuses on public education targeted to the health care consumer and family caregiver about mental health promotion, prevention, and treatments. The Foundation develops programs to enhance communication and foster broad collaboration between the geriatric mental health research community, mental health care providers and the general public.

**Significant Programs:**

**Line 28 – Consumer Brochures, educational publications, and web site** – The Foundation develops consumer brochures and tool kits. In 2009 the Foundation added two new brochures, *Anxiety and Older Adults* and *Older Adults and Disaster: Preparedness and Response* (English & Spanish), to its already extensive library. GMHF's educational materials include the following titles: *Sleeping Well As We Age; A Guide to Mental Wellness in Older Age: Recognizing and Overcoming Depression* (A Depression Recovery Toolkit); *Alzheimer's Disease* (English and Spanish); *Caring for the Alzheimer's Disease Patient: How You Can Provide the Best Care and Maintain Your Own Well-Being*; *Coping with Depression and the Holidays*; *Depression In Late Life: Not a Natural Part of Aging* (English and Spanish); *Healthy Aging: Keeping Mentally Fit As You Age*; and, *Substance Abuse and Misuse Among Older Adults*. Single copies of brochures are provided free of charge; bulk quantities may be purchased at cost.

To educate the public and provide additional resources, the Foundation also maintains a presence on the Internet through its website, [www.GMHFonline.org](http://www.GMHFonline.org). The Foundation's site features consumer information, news, resources and a find-a-doctor feature.

**Line 29 - Educational Programs** – The Foundation sponsors educational activities for geriatric psychiatrists and other geriatric mental health providers during the American Association for Geriatric Psychiatry's Annual Meeting each year. These sessions allow the Foundation to work to increase the quality of care available to older adults.

In 2009 the Geriatric Mental Health Foundation (GMHF) along with the American Association for Geriatric Psychiatry (AAGP) presented a new annual award to a U.S. geriatric mental health outreach program that provides community services. This award is designed to encourage programs to provide and/or expand direct services for meeting the mental health needs of the frail elderly in their homes. A \$10,000 grant is awarded to a program based on its excellence and/or innovation in providing mental health services to older adults in the community. A representative from the award-winning program is invited to give a brief lecture as part of the AAGP Annual Meeting.

**Line 30 – Medical Student, Resident, and Fellows programs** – In 2009, GMHF supported a medical student mentoring program designed to inform students about opportunities to learn more about clinical elective and research opportunities during medical school, inform about opportunities available in psychiatry residency programs, and connect medical students with a mentor who could help them to further their understanding of the profession and enhance their academic learning. In addition, the Foundation supported a program for psychiatry residents designed to showcase the benefits of fellowship training in geriatric psychiatry, educate residents about the scope and practice of geriatric psychiatry, and foster professional relationships to assist residents with career planning now and in the future. Through promotion of the field of geriatric psychiatry to medical students and young physicians the Foundation is working to increase the number of future geriatric psychiatrists available to care for the growing number of elderly and thus the quality of mental health care available to older adults.

**Geriatric Mental Health Foundation**  
**52-1945946**  
**Form 990 Attachment**  
**Statement 7**  
**For the year ended 12/31/2009**

**Statement 7 – Part VI, Line 49a – Transfers to an Exempt Non-Charitable Related Organization**

The Foundation shares office space, equipment, and personnel with the American Association for Geriatric Psychiatry (AAGP), for which the Foundation reimburses AAGP for these services.



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

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>Geriatric Mental Health Foundation</b>	Employer identification number <b>52 : 1945946</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions <b>7910 Woodmont Avenue, Ste 1050</b>		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Bethesda, MD 20814</b>		

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► The Foundation

Telephone No ► ( 301 ) 654-7850 FAX No ► ( 301 ) 654-4137

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 2009 or
  - ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions