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#### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable X Address change GERIATRIC MENTAL HEALTH FOUNDATION Name change 52-1945946 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 Termin-6728 OLD MCLEAN VILLAGE DRIVE (703)556 - 9222Amended City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion MCLEAN, VA 22101 H(a) Is this a group return pendina F Name and address of principal officer CHRISTOPHER WOOD Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? \_ Yes L\_\_ No I Tax-exempt status X 501(c)(3) \_\_\_\_ 501(c) ( ) ◀ (insert no ) 4947(a)(1) or [ If "No," attach a list (see instructions) J Website: ► WWW.GMHFONLINE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Association Year of formation: 1995 M State of legal domicile: DC Part I Summary 1 Briefly describe the organization's mission or most significant activities TO RAISE AWARENESS OF PSYCHIATRIC AND MENTAL HEALTH DISORDERS AFFECTING THE ELDERLY. SCANNYFF | OEC 16.20%Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 81,152 96,571. Contributions and grants (Part VIII, line 1h) 3,122. Program service revenue (Part VIII, line 2g) 27,318. 14,058. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 108,472 113 751. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,000 37,065. 13 Grants and similar amounts paid (Part IX, column (A), lines 1 3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 14,328. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,365. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 40,160. 92,168. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 70,525. 143,561. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 37,947.-29,810.Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 858,331 823,657. 20 Total assets (Part X, line 16) RECEIVED 0. 21 4,864 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 853,467. 657. Part II | Signature Block NOV 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 peclaration of preparer (other than office) is based on all information of which preparer has any knowledge Signature of officer Sign CHRISTOPHER WOOD, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01330244 Paid self-employed & FREEDMAN

52-1392008

X Yes

Form 990 (2013)

Phone no (301) 951-9090

Firm's EIN

May the IRS discuss this return with the preparer shown above? (see instructions)

ROSENBERG

Firm's address 4550 MONTGOMERY AVE SUITE 650N

BETHESDA, MD 20814-2930

► GELMAN

Preparer

Use Only

Firm's name

	990 (2013) GERIATRIC MENTAL HEALTH FOUNDATION	52-1945946	Page 2
Par	t III Statement of Program Service Accomplishments		( <del></del> )
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	X
1	Briefly describe the organization's mission  THE GERIATRIC MENTAL HEALTH FOUNDATION WAS ESTABLISHED I		
	ASSOCIATION FOR GERIATRIC PSYCHIATRY TO RAISE AWARENESS		TRIC_
	AND MENTAL HEALTH DISORDERS AFFECTING THE ELDERLY, ELIM		
	STIGMA OF MENTAL ILLNESS AND TREATMENT, PROMOTE HEALTHY	AGING	
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	s X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	s X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported		
4-	· · · · · · · · · · · · · · · · · · ·		
4a	(Code ) (Expenses \$ 68,618. including grants of \$ 37,065.) (Revenue PDIJOA III ON AND PROPERTY OF THE POLITICAL PROPERTY O		OT V
	EDUCATION AND RESEARCH - THE FOUNDATION PROVIDES CONSUMI		N TO
	INDIVIDUALS AND HEALTH CARE CENTERS WHO CONTACT THE GMHI		
	INDIVIDUAL REFERRALS, ORGANIZATIONAL REFERRALS, AND BAST		
	ON LATE LIFE MENTAL ILLNESSES, AS WELL AS CAREGIVER SUPP	PORT RESOURCE	CES.
	<del></del>		
	<u> </u>		
4b	(Code) (Expenses \$3 , 175) (Revenue)	ле \$	)
	CONSUMER BROCHURES, EDUCATIONAL PUBLICATIONS AND WEBSIT	E - A MAJOR	
	FOCUS OF THE GERIATRIC MENTAL HEALTH FOUNDATION IS TO PI	ROVIDE	
	INFORMATION ON MENTAL HEALTH AND AGING TO THE PUBLIC TO	HELP DISPE	<u> </u>
	MYTHS ABOUT GROWING OLDER AND ILLNESS. GMHF MATERIALS L.	IST RISK FAC	CTORS_
	FOR ILLNESS, WARNING SIGNS, PREVENTIVE MEASURES, AND WHI	ERE TO GET I	HELP.
	INFORMATION FOR OLDER ADULTS, FAMILY MEMBERS, AND CAREG	IVERS CAN BI	<u> </u>
	FOUND ONLINE ON THE GMHF WEBSITE; PRINT COPIES CAN ALSO	BE ORDERED	AND
	SINGLE COPIES OF BROCHURES ARE AVAILABLE FREE OF CHARGE		
4c	(Code) (Expenses \$	ue \$ 3	<u>,122.</u> )
	COMMUNICATIONS AND PUBLIC RELATIONS - THE FOUNDATION DE		<u>,                                     </u>
	DISTRIBUTES PUBLIC EDUCATIONAL PAMPHLETS ON A WIDE RANG		тнат
	IMPACT OLDER ADULTS' MENTAL HEALTH. TOPICS INCLUDE LATE		
	DEPRESSION, HEALTHY AGING, CAREGIVING ISSUES, ALCOHOL A		<u> </u>
	ABUSE, AND SLEEP DISORDERS. THE PAMPHLETS ARE PRINTED A		
		ND WANTINDI	E ON
	THE GMHF WEBSITE, WWW.GMHFONLINE.ORG.	<del></del>	
		<del></del>	
			<del></del>
			<del></del>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 73,237.		
		Form	990 (2013)
33200			

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		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		37
	public office? If "Yes," complete Schedule C, Part I	3		_ <u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
٠	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_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			
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	
р	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	116		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? 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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		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			7.7
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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? 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	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		<b></b>
••	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	<u> </u>		<del></del>
-	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,"			<u> </u>
	complete Schedule G, Part III	19		<u> </u>
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		<u> </u>
		Form	990	(2013)

22			Yes	NO_
22	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
23	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
23	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
24a	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
24a	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
25a S d d C 25a S d d C 25a S d d C C 27 C C C C C C C C C C C C C C C C	Schedule J	23	X	<u> </u>
25a S d d E 25a S d b ls s d d E 25a S d d E 25a S d d E 25a S d d E 25a S	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b C C a a d C C C C C C C C C C C C C C C	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
C C C C C C C C C C C C C C C C C C C	Schedule K. If "No", go to line 25a	24a	ļ <u></u>	X
25a S S S S S S S S S S S S S S S S S S S	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
d D D D D D D D D D D D D D D D D D D D	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a S d d d d d d d d d d d d d d d d d d	any tax-exempt bonds?	24c		<u> </u>
26 E	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├──
b is till SS 26 C for co C 27 C C C C C C C C C C C C C C C C C	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
26	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
26 E 66 C C C C C C C C C C C C C C C C C	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l		
26 E for control of the control of t	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
27 C C C C C C C C C C C C C C C C C C C	Schedule L, Part I	25b		<u>X</u>
27	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
27	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	l		37
28 V V G G G G G G G G G G G G G G G G G	complete Schedule L, Part II	26		<u>X</u>
28 V V A A A A A A A A A A A A A A A A A	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
28 V  a A b A c A 29 C 30 C 31 C 32 C 33 C 33 C 34 V A 35a C b H 37 C 37 C	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		v
32	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
a A b A c A c A 30 C 31 C 31 B 32 C 33 C 34 V A 35a C b H 37 C	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
b A C A C C A C C A C C A C C C A C C C A C C C C A C C C A C C C A C C C A C	instructions for applicable filing thresholds, conditions, and exceptions)	200		X_
29 C	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		A_
29 C 30 C 31 C 32 C 33 C 33 C 34 V 6 F 35a C 6 N 37 C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
30 C 31 C 32 C 33 C 33 C 34 V 6 5 b H 7 36 S 37 C	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
31	contributions? If "Yes," complete Schedule M	30		x
32 E S S S S S S S S S S S S S S S S S S	Did the organization liquidate, terminate, or dissolve and cease operations?			
32 E S S S S S S S S S S S S S S S S S S	If "Yes," complete Schedule N, Part I	31		X
33 E s s 34 V F S 5 E E E E E E E E E E E E E E E E E E	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
34 V F 35a E b li v 36 S	Schedule N, Part II	32		Х
34 V F S S S S S S S S S S S S S S S S S S	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
35a E b H v 36 S //	sections 301 7701-2 and 301 7701-32 If "Yes," complete Schedule R, Part I	33		Х
35a C b ii v 36 S //	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
b ii v 36 S // 37 E	Part V, line 1	34	Х	
36 S // 37 E	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
36 S // 37 D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	1
37 E	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
37 [	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	ļ
a	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 [	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Forn	1990	(2013)

Form 990 (2013) GERIATRIC MENTAL HEALTH FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

Senies the number reported in Box 3 of Form 1096 Enter 0-if not applicable   1   10   10   10   10   10   10   10		Check if Schedule O contains a response or note to any line in this Part V			<u></u> _
b. Enter the number of Forms W2G included in line 1a. Enter O, of not applicable				Yes	No
Count the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ording with or within the year covered by this return  b. If at least one is reported on line 22, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2 as is greater than 250, you may be required to e-fire (see instructions).  3. Did the organization have unrelated business gross incrime of \$1,000 or more dumpt the year?  3. At any time during the calendar year, did the organization have an explanation in Schedule O  3. 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 accounts?  5. Was the organization a party to a prohebrotial that was or is a party to a prohebrotial and party to a prohebrotial that was or is a party to a prohebrotial that was or is a party to a prohebrotial tax shefter transaction?  5. Was the organization aparty to a prohebrotial that was or is a party to a prohebrotial tax shefter transaction?  5. Was the organization and party to a prohebrotial that was or is a party to a prohebrotial tax shefter transaction?  6. If "Yes," to line so or 5b, did the organization life Form 888817?  6. If "Yes," to line so or 5b, did the organization life Form 888817?  6. If "Yes," to line so or 5b, did the organization life Form 8889 is contribution and party for goods and services provided to the payor?  6. If "Yes," the organization received a contribution of organization and party for goods and services provided to the payor?  7. Organizations that may receive deductible contributions under section 170(c).  8. If "Yes," indicate the number of Forms 8282 filed during the year  9. If the organization during	1a	· · · · · · · · · · · · · · · · · · ·			
dispublingly winnings to prize winners?  Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  by If at least one is reported on line 2a, did the organization line all required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to effect give instructions)  3 by If If "Yes," has if field a Form 990 For for this year If "Not," for the 39 year If "Not," for the 30 year If "Not," for the 10 year If "Not," for the 30 year If "Not," for the 10 year of the submitted that the calendar year, did the organization have an interest in, or a significant on 50 choice of the authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts  5 Was the organization and party to a prohibited tax shefter transaction?  5 Was the organization and you go princhibited tax shefter transaction at any time during the tax year?  5 Was 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 for If year (any younthoutens that were not tax deductible as charitable contributions?  5 Was 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?  6 Was the organization shall may receive deductibile contributions under section 170(c).  9 Under organization shall may receive deductibile contributions under section 170(c).  10 Under organization receive a pignificant in excess of \$575 made partly as a contribution and partly for goods and services provided?  11 Wa	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Ea 0   b   if at least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   3a   X   3   X   5   W**se, 1 has it filed a Form 990-T for this year? If 1%, 1 file a 2b, provide an explanation in 8 e-fined by 5   3a   X   X   W**se, 1 has it filed a Form 990-T for this year? If 1%, 1 file a 2b, provide an explanation in 8 checkle 0   3b   X   X   W**se, 1 has it filed a Form 990-T for this year? If 1%, 1 file a 2b, provide an explanation in 8 checkle 0   3b   X   X   W**se, 1 has it filed a Form 990-T for this year? If 1%, 1 file a 2b, provide an explanation in 8 checkle 0   3b   X   X   W**se, 1 has it filed a Form 990-T for this year? If 1%, 1 file a 2b, provide an explanation in 8 checkle 0   3b   X   X   X   W**se, 1 file a form 990-T for the year? If 1%, 1 file a 2b, provide an explanation in 8 checkle 0   3b   X   X   X   W**se, 1 file a file a 2b, year a 2b, yea	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
freed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1 and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1 and 2 as ignated than 250, you may be required to e-file (see instructions)  3a		(gambling) winnings to prize winners?	1c	<u>X</u>	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  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 Az my time during the calendary 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 accountly?  5b If *Yes,* inter the name of the foreign country (such as a bank account, securities account, or other financial accountly?  5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6d If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6d If Yes,* to line 5a or 5b, did the organization of the Form 88861?  8d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9d If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9d If Yes,* did the organization notify the donor of the value of the goods or services provided?  9d If Yes,* did the organization notify the donor of the value of the goods or services provided?  9d If Yes,* did the organization notify the donor of the value of the goods or services provided?  9d If Yes,* did the organization or service any surface dispose of tangible personal benefit contract?  9d If Yes,* did the organization or service any surface dispose of tangible personal benefit contract?  9d If Yes,* direct the any	2a				
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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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A and the organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  N/A b Did the organization make any taxable distributions under section 4966?  N/A 100 section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  N/A 10a 10b	d	If "Yes," indicate the number of Forms 8282 filed during the year			
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			$\overline{}$	<del> </del>	X
	b	it res, rias it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	•	, aan	(2012)

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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 3			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		ł	
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		-	
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	<u>X</u>	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain in Schedule O)	4 F		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	a tinar	icial	
00	statements available to the public during the tax year	A In-		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨	<b>'</b> —	
	CHRISTOPHER WOOD - (703)556-9222 6728 OLD MCLEAN VILLAGE DRIVE, MCLEAN, VA 22101			
		Ear-	000	(2013)
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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than s bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	organizations (W 2/1099-MISC)	compensation from the organization and related organizations
1) DAVID STEFFENS	0.50							0		
RESIDENT	5.00 0.50		├	ļ		├	<u> </u>	0.	0.	(
2) BRENT FORESTER EMBER	1.00							0.	0.	
3) AMITA PATEL	0.50		$t^-$	-	-	H				
EMBER	0.00							0.	0.	
4) CHRISTINE DEVRIES	5.00									
XECUTIVE DIRECTOR	35.00	╄	<u> </u>	X	<u> </u>	<u> </u>		0.	158,914.	30,82
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Form 990 (2013)

	t VII   Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(do	(C) Position (do not check more than one box, unless person is both an					(D) Reportable compensation	(E) Reportable compensatio		(F) Estimate amount									
		week (list any hours for related organizations below line)	Individual trustee or director	1 1	Officer Officer			Highest compensated employee employee								from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		com fr org and	other pensa om th anizat d relat	ation ie tion ted
-																					
С	Sub-total  Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	0.	158,9	0.			21. 0. 21.							
2	Total (add lines 1b and 1c)  Total number of individuals (including but is compensation from the organization	not limited to th	ose	liste	ed a	bove	e) wł	10 r	<u> </u>			<u> </u>	0,0	(							
3	Did the organization list any former officer		uste	e, ke	y er	nplo	yee	or	highest compensated e	mployee on			Yes	No							
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab							•	the organization		3	Х	<u> </u>							
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	rom	any	/ unr			dual for services		5		х							
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co										npens	ation 1	rom								
	the organization Report compensation for  (A)  Name and business	_		endi DNI		vith	or w	ithir	n the organization's tax ( <b>B)</b> Description of s			(Compe		 on							
	- 48 Au-			J141	<u> </u>				· ·			<u> </u>									
	***							-				. <del></del>									
2	Total number of independent contractors	-	ot li	mıte	d to		_	stec	d above) who received n	nore than											
	\$100,000 of compensation from the organ	iization 🚩				-	0		<del>-</del>			Form	990	(2013							

		Check if Schedule O con	tains a response	or note to any lin	ie in this Part VIII			
			<u></u>	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a				<del>.</del>	
our our	b	Membership dues	1b	-				İ
s, G	c	Fundraising events	1c					
Sift lar	c	Related organizations	1d					
iš,	e	Government grants (contribut	tions) 1e			i		
tion S. S	f	All other contributions, gifts, gran	nts, and					
the state		sımılar amounts not included abo	ove 1f	96,571.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f: \$					
<u>8 0</u>	h	Total. Add lines 1a-1f		. •	96,571.			
1				Business Code				
<u> </u>	2 a	PUBLICATIONS		900099	3,122.	3,122.		
Program Service Revenue	b				=			
	C				•			
	d	i					·	ļ <u>.</u>
Š	е	<del></del>			<u></u>			
-		All other program service reve	enue		2 100			
-		Total. Add lines 2a-2f			3,122.			-
	3	Investment income (including	dividends, inter	est, and	14 050			14 050
1	4	other similar amounts)	v svamat band .		14,058.			14,058
}	4 5	Income from investment of ta Royalties	x-exempt bond (	oroceeds -				
	3	noyanies	(ı) Real	(II) Personal				<del> </del>
	6 a	Gross rents	(i) Flear	(ii) r ersonar				
		Less rental expenses						
		: Rental income or (loss)	-					
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	: Gain or (loss)						
		l Net gain or (loss)		<b>•</b>				
e l	8 a	Gross income from fundraisin	g events (not					
en		including \$	of					
Other Reven		contributions reported on line	1c) See					
Je.		Part IV, line 18	a					
8		Less direct expenses	, b					
		<ul> <li>Net income or (loss) from fund</li> <li>Gross income from gaming ad</li> </ul>	_	<b>•</b>				<del>                                     </del>
	Эа	Part IV, line 19						1
1	h	Less direct expenses	a b					
		: Net income or (loss) from gan						
		Gross sales of inventory, less	-		W			<u> </u>
		and allowances	а					
	b	Less cost of goods sold	b					
		: Net income or (loss) from sale		<b></b>				
		Miscellaneous Revenu		Business Code				
	11 a	·			_			
	b							
	С	·						
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
33200	12	Total revenue See instructions.		<u>▶</u>	113,751.	3,122.	0	
10-29	13							Form <b>990</b> (2013

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			inplate column (v y	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	10,000.	10,000.		<del> </del>
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	27,065.	27,065.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F F63		E E C 2	
_	trustees, and key employees	5,562.		5,562.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	7,335.		7,335.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,333.		7,333.	
٥	section 401(k) and 403(b) employer contributions)	219.		219.	
9	Other employee benefits	702.		702.	
10	Payroll taxes	510.		510.	
11	Fees for services (non-employees)	310.1		310.	
	Management				
b	Legal				···
c	Accounting	11,694.		11,694.	
d	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,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	2,837.	2,574.	263.	
14	Information technology				
15	Royalties				
16	Occupancy			4.0.5	
17	Travel	7,255.	7,120.	135.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 751	20 751		
19	Conferences, conventions, and meetings	20,751.	20,751.		
20	Interest				
21	Payments to affiliates  Depreciation, depletion, and amortization	9,514.		9,514.	
22 23	Insurance	65.		65.	
23 24	Other expenses Itemize expenses not covered			- 03.	
24	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	TTT OCT MICO	32,579.		32,579.	
b	SUBSCRIPTIONS/PUBS.	3,431.	3,250.	181.	
c	OTHER	2,478.	2,477.	1.	
d		1,564.	_,	1,564.	
_					
25	Total functional expenses. Add lines 1 through 24e	143,561.	73,237.	70,324.	0.
26	Joint costs Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

Part	<u> </u>	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X		<u> </u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			191,907.	1	166,891.
İ	2	Savings and temporary cash investments	-			2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			12,000.	4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees Complete			
-		Part II of Schedule L				5	
	6	Loans and other receivables from other disquale	ıfıed per	sons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
<b>?</b>		employees' beneficiary organizations (see instr)	Compl	ete Part II of Sch L		6	
	7	Notes and loans receivable, net		Ĺ	622,352.	7	617,671.
١ '	8	Inventories for sale or use		_		8	
	9	Prepaid expenses and deferred charges			3,744.	9	4,629
	10a	Land, buildings, and equipment cost or other	1 1				
		basis Complete Part VI of Schedule D	10a	50,120.			
-	b	Less accumulated depreciation	10b	50,120.	9,514.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments other securities See Part IV, line	11	L		12	
-   '	13	Investments - program-related See Part IV, line	11	_		13	
-	14	Intangible assets	_		14		
- 1	15	Other assets See Part IV, line 11	<u> </u>	18,814.	15	34,466	
_	16	Total assets. Add lines 1 through 15 (must equ	ıal lıne 3	4)	<u>858,331.</u>	16	823,657
	17	Accounts payable and accrued expenses		4,864.	17	0,	
	18	Grants payable			18		
	19	Deferred revenue	_		19		
:	20	Tax-exempt bond liabilities			20		
:	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
3   3	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
		key employees, highest compensated employee	es, and	disqualified persons		ļ	
9		Complete Part II of Schedule L				22	
<b>'</b>   :	23	Secured mortgages and notes payable to unrela		· '	<del> </del>	23	
:	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
:	25	Other liabilities (including federal income tax, pa	•	i i		ļ	
		parties, and other liabilities not included on lines	s 17⋅24)	Complete Part X of			
		Schedule D		]-		25	
	26	Total liabilities. Add lines 17 through 25			4,864.	26	0.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🐰 and			
Ĝ		complete lines 27 through 29, and lines 33 ar	nd 34.			<b>!</b>	
	27	Unrestricted net assets			830,972.		768,999
B   3	28	Temporarily restricted net assets			22,495.	28	54,658
2   2	29	Permanently restricted net assets		. — }		29	
2		Organizations that do not follow SFAS 117 (A	ASC 958	3), check here 🕨 📖			
5		and complete lines 30 through 34.					
: בי	30	Capital stock or trust principal, or current funds		<u> </u>		30	-
ž i	31	Paid in or capital surplus, or land, building, or en				31	-
<b>≝</b> ∣	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	050 15=	32	
-	33	Total net assets or fund balances			<u>853,467.</u>	33	823,657.
	34_	Total liabilities and net assets/fund balances			<u>858,331.</u>	34	823,657.

Form **990** (2013)

_	990 (2013) GERIATRIC MENTAL HEALTH FOUNDATION	52-194	<u>5946</u>	Pag	ge <b>1</b> 2
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11:	3 <u>,7</u>	51.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,4	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
В	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	82	3,6	57
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis X 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 th	e audıt,			
	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 Scho	edule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

332012 10-29-13 Form **990** (2013)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Inspection

Name of the organization

Employer identification number

			TC WENTAL HE						<u> </u>	2-1945	<u>)940</u>		
Part I	Reason	tor Public Char	ity Status (All organiz	ations mus	st complet	e this part	) See inst	ructions.		<del></del>			
The organ	ization is not a	a private foundation l	because it is: (For lines 1	through 1	l 1, check d	only one b	ox)						
1 🔲	A church, coa	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	b)(1)(A)(i)	•					
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)									
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(	A)(iii).						
4 🔲	A medical res	search organization of	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospita	ıl's nam	ne,	
	city, and stat	е											
5 🗌	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in			
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II)	-	·	-	_						
6			ent or governmental unit	t described	ın sectio	n 170(b)(1	)(A)(v).						
7 X		-	eives a substantial part					r from the	general i	public desi	cribed	ın	
	-	b)(1)(A)(vi). (Comple				<b>J</b>			<b>J</b>				
8 🔲	•		•	(Complete	Part II )								
9 🗀	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
•	-	· · · · · · · · · · · · · · · · · · ·	nctions - subject to certa							_			
			axable income (less sect										
		509(a)(2). (Complete	· ·		,, bu	500000	oquirou b	y ino orga	. III LUCIOII (	artor ourio	50, 10,		
10			perated exclusively to te	st for nubli	r safety S	See section	n 500(a)(4	ı					
11	_	-	perated exclusively for the		-			-	v out the	nurnoses	of one	or	
"	-	-	ations described in section		•							01	
		•	organization and comple		•		) See Sec	.11011 505(	а)(о). Оп	eck the box	\ triat		
				ype III - Fui	_		d	Tvn	o III. Nor	n-functiona	illy into	aratad	
_	• •	-	•	•	•	-	-				•	•	
e 📖	-	-	t the organization is not		-	-	•		•			111	
		•	han one or more publicly		•				9(a)(1) or	section 50	9(a)(2)		
f	•		ten determination from t	the IRS tha	atitisa iy	ре і, туре	II, or Type	9 111					
		rganization, check th							•				
9			organization accepted ar			•						1	
			irectly controls, either al	one or tog	ether with	persons d	escribed i	n (II) and (	III) below.		Yes	No	
	•	• •	upported organization?							11g(ı)			
	. ,	•	n described in (i) above?							11g(ii)			
		•	person described in (i) o							11g(in	)	<u> </u>	
h	Provide the f	ollowing information	about the supported or	ganizationi	(s)								
			1	1					1	<del></del>			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	the	(vii) Amour	nt of mo	netary	
orga	anızatıon		(44444	in col (i) lis	-	organizat		l(ı) organız	ed in the l	Su	pport		
			above or IRC section (see instructions))	governing	document?	(i) of your	Support	U.S	.7				
			(acc manuchons)/	Yes	No	Yes	No	Yes	No				
					1				•				
								1					
				1					1				
				1						<del> </del>			
				1						1			
		-		1	<del>                                     </del>		-				_		
Total				İ									
<u>Total</u>		L	I		<u> </u>	L	L	<u> </u>	1	<u> </u>			

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990 EZ) 2013 GERIATRIC MENTAL HEALTH FOUNDATION 52-1945946 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 )

Calledary year (or fiscal year beginning in)	Sec	tion A. Public Support						· · · · · · · · · · · · · · · · · · ·				
General Services of the Computation of the Computa		<del>_</del>	(=) 2000	(L) 2010	(a) 2011	(4) 2012	(a) 2012	40 Total				
membership fear recoved (Do not included any "unusual grants")  2 Tax revenues levied for the organization's benefit and either paid to ore expended on its behalf as the paid to ore expended on the behalf as the paid to ore expended on the behalf as the paid to ore expended on the behalf as the paid to ore expended on the behalf as through 3 the portion of total contributions by each person (other than a governmental unit or publicly supported organization without charge and power mental unit or publicly supported organization in excluded so the state and exceeds 2% of the amount shown on line 11, column (f)  5 Public support, semestics tensions (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Agrants or the state of capital assets (Explain in Part IV)  7 Amounts from line 4 (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total export of the summers is regularly carried on the business is regularly carried on the business is regularly carried on the summers is regularly carried on the business and complete from unrelated business activities, whether or not the business and explain or loss from the sale of capital assets (Explain in Part IV)  10 Total support. Add lines? Through 10  11 Total support. Add lines? Through 10  12 Gross receipts from related activities, etc (see instructions)  15 First five years. If the Form 950 is for the organizations of the organization of complete support percentage for 2012 Schedule A, Part II, line 14  16 a 33 1/3% support test - 2013. If the organization of din to check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. Explain no part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances test 2012. If the organization during the sale publicly supported organization meets the "facts and circumstances test 2013. If the organization during the sale publicly supported organization meets the "facts and circumstances test 201			(a) 2009	(0) 2010	(c) 2011	(0) 2012	(e) 2013	(I) Total				
Marched any "unusual grants"   49,955. 94,209. 100,288. 81,152. 96,571. 422,175.	1											
2 Tax revenues levised for the organization's benefit and either paid to or exponded 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 5 The portion of total contributions by each person (either than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, entire, royalties and income from smillar sources 9 Net income from interest, dividends, payments received on securities loans, entire, royalties and income from smillar sources 9 Net income from include gain or loss from the sale of capital assistativities, whether or not the business is regularly carned on or loss receipts from related business activities, whether or not the business is regularly carned on or loss receipts from related activities, set (see instructions) 17 Total support. Add lines 7 inclugit 10 18 First five year. If the Form 990s for the organization of the public Support Percentage 14 Public support percentage from 2012 Schedule A, Part II, line 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 3 3 1/3% support test - 2013. If the organization of did not check the box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization			40 055	04 000	100 000	01 150	06 571	400 17E				
uzation'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.  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. Subsectine 3 through 3.  8. Fueltic support. Subsectine 3 through 4.  8. Gross income from interest, dividendis, payments received on securities loans, rents, royalties and increased on securities loans, rents, royalties and increased on securities loans, rents, royalties and increase from similar sources  9. Net income from interest, dividendis, payments received on securities loans, rents, royalties and income from similar sources  9. Net income from increased on securities in the size of capital assets (Explain in Part IV)  10. Other income Op not include gain or loss from the saile of capital assets (Explain in Part IV)  11. Total support rest in 2013 (line 6)  13. First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here.  8. Computation of Public Support Percentage  8. Column (1)  13. 178, support test - 2012, if the organization did not check box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualities as a publicly supported organization meets the "facts and circumstances" test. The organization qualities as a publicly supported organization meets the "facts and circumstances" test. The organization qualities as a publicly supported organization meets the "facts and circumstances" test. The organization qualities as a publicly supported organization meets the "facts and circumstances" test. The organization did not check a box on line 13, falls, fills, in 17a, and line 15 is 10% or more, and if the organization meets the "facts		· · · · · · · · · · · · · · · · · · ·	49,955.	94,209.	100,288.	81,152.	90,5/1.	422,175.				
or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  49,955. 94,209. 100,288. 81,152. 96,571. 422,175.  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)  5. Exection B. Total Support. Details of the amount shown on line 11, column (f)  6. Public support, Details the 5 tore line.  Section B. Total Support  Callendar year (or itself year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  49,955. 94,209. 100,288. 81,152. 96,571. 422,175.  Section B. Total Support  Callendar year (or itself year beginning in) (a) 2099 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  49,955. 94,209. 100,288. 81,152. 96,571. 422,175.  Section B. Total Support  Callendar year (or itself year beginning in) (a) 2099 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  49,955. 94,209. 100,288. 81,152. 96,571. 422,175.  Section B. Total Support  Callendar year (or itself year beginning in) (a) 2099 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  49,955. 94,209. 100,288. 81,152. 96,571. 422,175.  10 Total support  10 Total support  10 Total support  11 Total support  12 Total support  13 Total support, Add lines 7 through 10 (b) 2010 (c) 20	2	•										
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and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			· · · · · · · · · · · · · · · · · · ·			40 40 40-		<b></b>				
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	17a											
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.							π IV now the orgai	nization				
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.						=		▶□				
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	ł		•									
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						•		, —				
		•		-	•	• • • -		<b>▶</b> ;				
	<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		1		İ		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				<u> </u>		
5 The value of services or facilities						
furnished by a governmental unit to		ł				
the organization without charge						
6 Total. Add lines 1 through 5			_			
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		-				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				•		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						<b>▶</b> □
Section C. Computation of Public	: Support Pe	rcentage				
15 Public support percentage for 2013 (lin	e 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2012 S					16	%
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 201	3 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 20	)12 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the o	rganization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and	•	•	•			▶□
b 33 1/3% support tests - 2012. If the o						
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□
332023 09-25-13				Sc	hedule A (Form 99	0 or 990-EZ) 2013

hedule A	(Form 990 or 990 EZ) 2013 GERIATRI	C MENTAL	HEALTH	FOUNDATION _	52-1945946 Pag
art IV	Supplemental Information. Provid	e the explanations	s required by Pa	ırt II, line 10; Part II, line	e 17a or 17b, and Part III, line 12
	Also complete this part for any additional ii	nformation (See in	nstructions)		
			~~		
·					
					<del></del>
	<del></del>				

#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990. OMB No 1545-0047 Open to Public

Name of the organization

GERIATRIC MENTAL HEALTH FOUNDATION

Employer identification number

52-1945946 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 GERIATRIC MI	ENTAL HEALTH	FOUNDATION	52-1945946 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	or end-of year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
(1)			
(2)			
(3)	Web		
(4)			
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets.			
Complete if the organization answered "Yes" t		e 11d See Form 990, Part X, line 15	···
<u></u>	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	<del>vn:</del>		
(8)			
(9)	45.1		
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" t	o Form 000 Dort IV Ima	- 11 115 Coo Form 000 Don't V	kno 05
(1)	o Form 990, Part IV, line	(b) Book value	ine 25
**	-	(b) Book vaide	
(1) Federal income taxes			
(2)			
(3)	-		
(4)			
(5)			
(6)			

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 Schedule D (Form 990) 2013

▶

332053 09-25-13

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	dule D (Form 990) 2013 GERIATRIC MENTAL HEALTH		<u>52-19459</u>	46 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	·	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a		40 554
1	Total revenue, gains, and other support per audited financial statements		1 1 1	13,751.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a	Net unrealized gains on investments	2a	<del> </del>	
b	Donated services and use of facilities	2b	<del> </del>	
C	Recoveries of prior year grants Other (Describe in Part XIII )	2c   2d		
d e	Add lines 2a through 2d	_ 20		0.
3	Subtract line 2e from line 1			13,751.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			13,751.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expense	s per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1 1	<u> 43,561.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		0
e	Add lines 2a through 2d		2e	143,561.
3	Subtract line 2e from line 1		3 1	143,561.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 40		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a   4b	<del></del>	
b	Add lines 4a and 4b	40	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			143,561.
	t XIII Supplemental Information.			,
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, l	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		
			.,	
PAI	RT X, LINE 2:			<del></del>
		4 0040		
EXI	PLANATION: FOR THE YEAR ENDED DECEMBER 3	1, 2013, THE AS	SSOCIATION F	HAS
D04	NIMENTED ING CONCIDEDATION OF EACH ACC 7	40 10 TNOOME (		
טטט	CUMENTED ITS CONSIDERATION OF FASB ASC 7	40-10, INCOME	TAXES, THAT	
חם ח	OVIDES GUIDANCE FOR REPORTING UNCERTAINT	ע דאז דאוריראבי היא י	אבי אארט נואכי	
PK	OVIDES GUIDANCE FOR REPORTING UNCERTAINT	I IN INCOME IA	כאח עווא כפא	
יאַכו	TERMINED THAT NO MATERIAL UNCERTAIN TAX	בוואו. פארדידראים	יידי פ∩יד עידו	ਰਸ਼ਪ
<u> </u>	THRITING THAT NO PATERIAL UNCERTAIN TAX	TODITIONS QUAL.	III ION BIII	11111
RE	COGNITION OR DISCLOSURE IN THE FINANCIAL	STATEMENTS.		
				· · · · · · · · · · · · · · · · · · ·
THI	<u> FEDERAL FORM 990, RETURN OF ORGANIZATI</u>	ON EXEMPT FROM	INCOME TAX	, IS
SU	BJECT TO EXAMINATION BY THE INTERNAL REV	ENUE SERVICE, (	GENERALLY FO	OR
TH!	REE YEARS AFTER IT IS FILED.			
33205	4		C-L-J1- D.//	000) 0040

Schedule D (Form 990) 2013	GERIATRIC	MENTAL	HEALTH	FOUNDATION	52-1945946	Page 5
Schedule D (Form 990) 2013 Part XIII   Supplemental Info	ormation (continued)					
		····				
-	<del> </del>	· · · · · · · · · · · · · · · · · · ·			·	
<del></del>			· · · · · · · · · · · · · · · · · · ·			
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<del></del>		·	·	-		
			- 30-34			
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					-	

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2013 Open to Public

Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization אחזים דימהאסאר במחיר במסיר	ם זעשאמאי		MOTHACINION				Employer identification number 52-1945946
Part   General Information on Grants and Assistance	ind Assistance		NOT TO				
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	he grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	d States			1
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (c) or government (a) applicable cash grant	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LYNN SENIOR SERVICES 8 SILSBEE STREET	04-2581129	501(0)(3)	000 01	O	other)		2013 DEIRDRE JOHNSTON
2 Enter total number of section 501(c)(3) and government organizations and sections listed in the line 1 table	and government or	lons	isted in the line 1 table				1.00
1 4	, see the Instruct	ions for Form 990.		:			Schedule I (Form 990) (2013)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed ASSIGNED A MENTOR FOR THE YEAR TO ASSIST THEM IN A MINI RESEARCH PROJECT IN TOTAL CONTRIBUTIONS FOR THE NEXT SCHOLARS PROGRAM; A PROGRAM THAT PROVIDES STIPENDS TO MEDICAL STUDENTS AND EXPLANATION: EACH YEAR GMHF SOLICITS FUNDS FOR THE GERIATRIC MENTAL HEALTH CALENDAR YEAR'S PROGRAM ARE RECEIVED BY MID-OCTOBER OF THE PRECEDING YEAR. , IT IS CALCULATED HOW MANY STIPENDS CAN BE ALLOTTED Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information TO ATTEND A PROGRAM IN CONJUNCTION WITH THE AAGP ANNUAL MEETING ON AN INTRODUCTION TO GERIATRIC PSYCHIATRY AND TO BE (d) Amount of non-cash assistance ं 27 065 (c) Amount of cash grant 35 (b) Number of THE SUBJECT AREA OF GERIATRIC PSYCHIATRY. recipients (a) Type of grant or assistance FROM THE RAISED FUNDS, PSYCHIATRY RESIDENTS SCHOLAR TRAVEL STIPENDS LINE PART I, Part III

Schedule I (Form 990) (2013)

332102 10-29-13

Page 2

52-1945946

GERIATRIC MENTAL HEALTH FOUNDATION

Schedule | (Form 990) (2013)

AS WELL AS HOW MANY HONORS SCHOLAR DONATIONS WERE RECEIVED (AN HONORS
SCHOLAR IS \$2,500). APPLICATIONS FOR THE SCHOLARS PROGRAMS ARE SUBMITTED
BY MEDICAL SCHOOL DEANS AND PSYCHIATRY TRAINING DIRECTORS NOMINATING THEIR
STUDENTS FOR THIS PROGRAM. THE APPLICATIONS ARE REVIEWED BY A COMMITTEE
COMPRISED OF GERIATRIC PSYCHIATRY TRAINING DIRECTORS AND THE FINAL
SELECTIONS ARE MADE. SCHOLARS RECEIVE A STIPEND FOR PARTIAL SUPPORT TO
ATTEND THE SCHOLARS PROGRAM AND HONORS SCHOLARS RECEIVE FULL SUPPORT TO
ATTEND THE SCHOLARS PROGRAM. THE TOTAL FUNDS RAISED EACH YEAR ARE USED TO
SUPPORT THE SCHOLARS STIPENDS AND RELATED EXPENSES AND NO FUNDS RECEIVED
PRIOR TO THE DEADLINE ARE CARRIED OVER TO THE NEXT YEAR.
GMHF SELECTION COMMITTEE REVIEWED AN APPLICANT POOL FOR THE DEIRDRE
JOHNSTON AWARD FOR ORGANIZATIONS DOING EXCELLENT WORK TO IMPROVE THE
QUALITY OF LIFE FOR OLDER ADULTS. AFTER AWARDING THE WINNER THERE IS A
FOLLOW UP PRESENTATION AT THE AAGP ANNUAL MEETING.

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs gov/form990.

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2013

Internal Revenue Service Name of the organization

Department of the Treasury

GERIATRIC MENTAL HEALTH FOUNDATION

Employer identification number 52-1945946

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			ĺ
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			ĺ
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			ĺ
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	}		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director, but explain in Part III			l
	Compensation committee Written employment contract			l
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		:	
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
	The state of the s	5a		X
b	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of	_ 1		
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		,_
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	(Form	990	12013

332111 09-13-13

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(Q)-(ı)(g)	reported as deferred <sub>.</sub> in prior Form 990
(1) CHRISTINE DEVRIES	3	0	0	0	0	0.	0.	0.
EXECUTIVE DIRECTOR	Ξ	158,91	0	0	5,357.	25,464.	189,735.	0
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

**Employer identification number** 

52-1945946

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Inspection

FORM	990,	PART	III,	LINE	1, D	ESCR:	[PT]	ON OF	ORGANIZ	ZATION N	IISSIC	ON:		
STRA1	EGIES	S, AND	INC	REASE	ACCE	ESS TO	JQ C	JALITY	MENTAL	HEALTH	CARE	FOR	THE	
ELDEF	RLY.													

GERIATRIC MENTAL HEALTH FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: GMHF'S FORM 990 WAS FIRST REVIEWED AS FOLLOWS: THE SECTIONS RELATED TO GOVERNANCE AND POLICIES WERE REVIEWED BY THE DIRECTOR OF GOVERNANCE AND THE FORM 990 WAS REVIEWED IN ITS ENTIRETY BY THE EXECUTIVE DIRECTOR. FOLLOWING THEIR REVIEW, THE FORM 990 WAS EMAILED TO THE FULL BOARD OF DIRECTORS. THE DIRECTORS EMAILED QUESTIONS AND COMMENTS TO GMHF'S EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE. AFTER ALL QUESTIONS/COMMENTS WERE ADDRESSED THE FORM 990 WAS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: GMHF'S CONFLICT OF INTEREST DISCLOSURE FORM MUST BE COMPLETED BY ALL MEMBERS OF THE BOARD, COMMITTEES, TASK FORCES, AND EXECUTIVE STAFF UPON APPOINTMENT AND SHALL BE UPDATED DURING THEIR TENURE AS NECESSARY, BUT NO LESS THAN ANNUALLY. THE BOARD OF DIRECTORS SHALL REVIEW ALL DISCLOSURES TO DETERMINE WHETHER A POTENTIAL CONFLICT EXISTS AND SHALL CIRCULATE A SUMMARY TO THE BOARD. IF A POTENTIAL CONFLICT ARISES AT A BOARD MEETING, THE NON-INTERESTED MEMBERS OF SUCH BODY SHALL DETERMINE WHETHER A CONFLICT WHICH DECISION WILL BE FINAL. WHEN A CONFLICT OF INTEREST IS FOUND EXISTS, GMHF SHALL NOT PROCEED WITH THE TRANSACTION OR ARRANGEMENT UNLESS THE BODY DETERMINES, BY A MAJORITY VOTE OF THE NON-INTERESTED MEMBERS

THAT THE TRANSACTION OR ARRANGEMENT IS: 1. IN GMHF'S BEST INTEREST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

Name of the organization **Employer identification number** 52-1945946 GERIATRIC MENTAL HEALTH FOUNDATION AND FOR ITS OWN BENEFIT; 2. FAIR AND REASONABLE TO GMHF; AND 3. AFTER EXERCISING DUE DILIGENCE. GMHF COULD NOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONALBE EFFORTS UNDER THE CIRCUMSTANCES. THE AAGP PRESIDENT OR CHAIR MAY ASK FOR OR REQUIRE THE PERSON WITH A CONFLICT TO: 1. ABSTAIN FROM DISCUSSION OR VOTING ON MATTERS INVOLVING THE CONFLICT; 2. RECUSE THEMSELVES FROM THE PARTICIPATION IN SUCH MATTERS; OR 3. RESIGN FROM THE OFFICE OR COMMITTEE MEMBERSHIP. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY ARE HANDLED AS FOLLOWS: IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAYBE WARRANTED IN THE CIRCUMSTANCES, THE BOARD DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. THE MINUTES OF ALL BOARD MEETINGS PERTAINING TO POTENTIAL CONFLICTS OF INTERESTS SHALL INCLUDE: THE NAMES OF ALL PERSONS WHO DISCLOSED POTENTIAL CONFLICTS OF INTERESTS, THE NATURE OF THE CONFLICT AND THE BOARD/EXECUTIVE COMMITTEE DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE NAMES OF ALL PERSONS PRESENT FOR THE DISCUSSION AND VOTE RELATED TO THE TRANSACTION OR ARRANGEMENT, A SUMMARY OF THE DISCUSSIONS INCLUDING ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT THAT WAS DISCUSSED AND A RECORD OF THE VOTE TAKEN REGARDING THE TRANSACTION.

IN ADDITION TO THE ABOVE ANNUAL REVIEW, AT EACH BOARD OF DIRECTOR'S MEETING
THE CURRENT LIST OF COI IS DISTRIBUTED TO ALL BOARD MEMBERS. EACH BOARD
MEMBER IS ASKED TO REVIEW THE AGENDA AND NOTE IF THERE IS ANY CONFLICT WITH

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

GERIATRIC MENTAL HEALTH FOUNDATION

Employer identification number 52-1945946

AN AGENDA ITEM. IF SO, THE BOARD MEMBER IS ASKED TO RECUSE THEMSELVES FROM THAT SECTION OF THE AGENDA.

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

EXPLANATION: GMHF RELIES ON A RELATED ORGANIZATION, AAGP TO DETERMINE COMPENSATION. THE AAGP EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE EVALUATION OF THE CHIEF EXECUTIVE OFFICER ON AN ANNUAL BASIS. THIS EVALUATION INCLUDES THE FUNCTIONS AND PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER WITHIN GMHF AND IN ANY OTHER CORPORATE OR BUSINESS STRUCTURES OF GMHF. THE COMMITTEE USES THE PROCESS AS OUTLINED IN THE EMPLOYMENT CONTRACT OF THE CEO AND DECIDES UPON THE ANNUAL RAISE BASED ON THAT CONTRACT AND THE EVALUATION. IN ADDITION, AT LEAST EVERY THIRD YEAR, THE COMMITTEE WILL REVIEW COMPARABLE DATA (E.G. SALARIES/BENEFITS OF CEOS OF OTHER SIMILAR SIZED ASSOCIATIONS) PRIOR TO MAKING ITS COMPENSATION DETERMINATION. THE EVALUATION PROCESS AND RESULTS OF THE PROCESS WILL BE CONTEMPORANEOUSLY DOCUMENTED BY THE GMHF SECRETARY/TREASURER. THE MINUTES OF AAGP'S EXECUTIVE COMMITTEE MEETING HELD TO COMPLETE THE CEO'S EVALUATION WILL BE SEALED IN AN ENVELOPE AND PROVIDED TO THE DIRECTOR OF FINANCE & ADMINISTRATION TO BE HELD WITH THE CEO'S PERSONNEL FILE. THE RESULTS OF THE PROCESS WILL BE REPORTED TO THE AAGP BOARD BY THE PRESIDENT AS AN INFORMATIONAL ITEM REQUIRING NO ADDITIONAL BOARD ACTION. THE CHIEF EXECUTIVE OFFICER WILL BE EVALUATED BY THE AAGP EXECUTIVE COMMITTEE ON AN ANNUAL BASIS IN THE FALL/WINTER OF EACH YEAR. THE EXECUTIVE DIRECTOR WILL SUBMIT A SELF-STUDY AND SUBMIT IT TO THE AAGP EXECUTIVE COMMITTEE NO LATER THAN NOVEMBER 30 OF EACH YEAR. THE EXECUTIVE COMMITTEE WILL REVIEW THE MATERIALS AND SUBMIT COMMENTS TO THE PRESIDENT NO LATER THAN DECEMBER 31 OF EACH YEAR. THE PRESIDENT WILL CONDUCT THE ANNUAL REVIEW WITH THE CEO IN PERSON NO LATER THAN FEBRUARY 1 AND THE FINAL WRITTEN REPORT OF THE EVALUATION WILL BE

Schedule O (Form 990 or 990-EZ) (2013)

## SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ See separate instructions.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number 52-1945946 Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) GERIATRIC MENTAL HEALTH FOUNDATION Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II Part !

organizations dufing the tax year							
(a)	(q)	(0)	(p)	(e)	(J)	(b)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Ф	Public charity	Direct controlling	Section 3 (c) (3)	(51 Xa);
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	No
AMERICAN ASSOCIATION FOR GERIATRIC							
PSYCHIATRY - 20-0157021, 6728 OLD MCLEAN							
VILLAGE DRIVE, MCLEAN, VA 22101	EDUCATION	MARYLAND	501(C)(6)	N/A			×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

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52-1945946

Schedule R (Form 990) 2013 GERIATRIC MENTAL HEALTH FOUNDATION

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

(a) Name, address, and EIN of related organization	(q)	<u>©</u>	<del>(</del> 9	3							
	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,		(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?		(j) General of managing	(i) (k)  General or Percentage managing ownership
		foreign country)		sections 512-514)	(-514)		assets	Yes No	K-1 (Form 1065)	35) Yes No	
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Part IV organizations treated as a corporation or trust complete in the organization answered life of the complete in the organization of trust during the tax year	irzations i axable as ration or trust during	s a Corpo	ration or irust co		igai iizatioi i ai i	sweled 163	, , , , , , , , , , , , , , , , , , , ,	alt IV, III e O	+ Decause it liet		מים ופומופט
(a)			(a)	(0)	<b>(</b> Q	(e)				Ē	
Name, address, and EIN		Primi	Primary activity		Direct controlling	g Type of entity		Share of total	Share of	Percentage	512(b)(13)
or related organization				foreign	ennry						ent
				(4							Yes
	T										
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332162 09-12-13				33					Sched	lule R (For	Schedule R (Form 990) 2013

Page 3

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Schedule R (Form 990) 2013 Yes × × × 19 ᄐ Ę ٥ 18 <del>-</del> 5 ₽ ŧ 4 ₽ Method of determining amount involved ₽ <u>•</u> ¥ ¥ ÷ = If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 652,137.BOOK VALUE 14,001.BOOK VALUE During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b) Transaction type (a-s) 34 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) А ß Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) AMERICAN ASSOCIATION FOR GERIATRIC GERIATRIC s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) AMERICAN ASSOCIATION FOR Sale of assets to related organization(s) Dividends from related organization(s) (1) PSYCHIATRY (2) PSYCHIATRY 332163 09-12-13 ල **3** 9 혤

Schedule R (Form 990) 2013

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

that was not a related organization of a list bottons begaining excusion to certain investment parties at the	structions regarding excit	ואוסו הפו נמוו וווא	earment parmers in by				3		=	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	Predominant income pariners sec (related, unrelated, 5016(3))	Are all Are all 501(c)(3)	(r) Share of total	(g) Share of end-of-year	Obspropor- tionate	Ospropor-  Odde V-UBI  General or Percentage- tonale amount in box 20 managing ownership	(J) General or managing	(K) Percentage.
		country)	under section 512-514) Ye	No se	ıncome	assets	Yes No	Form 1065)	Yes No	
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Part VII	(Form 990) 2013  Supplemental Info	rmation	-		· · · · · · · · · · · · · · · · · · ·		
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	Provide additional inform	ation for responses to	o questions on	Schedule R (	see instructions)		
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