

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable:		C Name of organization <b>JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.</b>		D Employer identification number <b>20-1480790</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>15 WEST 65TH STREET</b>		Room/suite	
		City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10023</b>			
		F Name and address of principal officer: <b>ALAN R. MORSE SAME AS C ABOVE</b>			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				E Telephone number <b>212-769-6200</b>	
J Website: ► <b>WWW.LIGHTHOUSEGUILD.ORG</b>				G Gross receipts \$ <b>4,289,587.</b>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list. (see instructions)	
				H(c) Group exemption number ►	

I Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527J Website: ► **WWW.LIGHTHOUSEGUILD.ORG**K Form of organization:  Corporation  Trust  Association  Other ► L Year of formation: **2004** M State of legal domicile: **NY**

## Part I | Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PROVIDES BEHAVIORAL HEALTH SERVICES FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) .....	3 <b>11</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4 <b>9</b>	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) .....	5 <b>63</b>	
	6 Total number of volunteers (estimate if necessary) .....	6 <b>30</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a <b>0.</b>	
b Net unrelated business taxable income from Form 990-T, line 34 .....	7b <b>0.</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h) .....	Prior Year <b>0.</b> Current Year <b>0.</b>	
	9 Program service revenue (Part VIII, line 2g) .....	<b>4,709,160.</b> <b>4,289,587.</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	0. 0.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>139,756.</b> 0.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>4,848,916.</b> <b>4,289,587.</b>	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0. 0.	
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	0. 0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>5,090,642.</b> <b>5,222,429.</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	0. 0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ► .....	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>1,891,990.</b> <b>2,124,133.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>6,982,632.</b> <b>7,346,562.</b>	
19 Revenue less expenses. Subtract line 18 from line 12 .....	<b>-2,133,716.</b> <b>-3,056,975.</b>		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) .....	Beginning of Current Year <b>878,997.</b> End of Year <b>710,436.</b>	
	21 Total liabilities (Part X, line 26) .....	<b>18,762,813.</b> <b>21,651,227.</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	<b>-17,883,816.</b> <b>-20,940,791.</b>	

## Part II | Signature Block

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

Sign Here	► Signature of officer	Date		
	► <b>CHRISTINA WONG, CHIEF FINANCIAL OFFICER</b>			
Paid Preparer Use Only	Print/Type preparer's name <b>AARON SHAPIRO</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P01333816</b>
	Firm's name ► <b>LOEB &amp; TROPER LLP</b>	Firm's EIN ► <b>13-1517563</b>		
	Firm's address ► <b>655 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017</b>			Phone no. <b>212-867-4000</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

### **Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**TO HELP ADULTS WHO ARE BLIND OR VISUALLY IMPAIRED AND HAVE EMOTIONAL PROBLEMS AND PSYCHIATRIC DISORDERS, LEAD PRODUCTIVE, DIGNIFIED AND FULFILLING LIVES.**

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ **6,344,911.** including grants of \$ \_\_\_\_\_) (Revenue \$ **4,289,587.**)  
**SEE SCHEDULE O**

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► **6,344,911.**

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	X	
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
20b	X	

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**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a .....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II .....	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	38	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	<b>3</b>
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b>	<b>63</b>
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	<b>X</b>
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O .....	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). .....		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>	<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>	<b>X</b>
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	<b>X</b>
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7b</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7c</b>	<b>X</b>
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7d</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7e</b>	<b>X</b>
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7f</b>	<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7g</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7h</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>8</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>9a</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....	<b>14b</b>	

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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

**Section A. Governing Body and Management**

		1a	11	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....				
	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.				
1b			9		
b	Enter the number of voting members included in line 1a, above, who are independent .....				X
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? .....				
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? .....			X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....			X	
6	Did the organization have members or stockholders? .....			X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body? .....			X	
b	Each committee with authority to act on behalf of the governing body? .....			X	
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 .....				X

**Section 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? .....		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
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 .....		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....		
13	Did the organization have a written whistleblower policy? .....		
14	Did the organization have a written document retention and destruction policy? .....		
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?		
a	The organization's CEO, Executive Director, or top management official .....		
b	Other officers or key employees of the organization .....		
	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? .....		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		
	If "Yes" to line 16a or 16b, describe the process in Schedule O (see instructions).		
16b			

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► <b>NY</b>
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) available for public inspection. Indicate how you made these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► <b>CHRISTINA WONG, CHIEF FINANCIAL OFFICER - 212-769-6273</b>
	<b>15 WEST 65TH STREET, NEW YORK, NY 10023</b>

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.**

Form 990 (2014)

20-1480790

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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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) ALAN R. MORSE CHIEF EXECUTIVE OFFICER	1.50 48.50	X	X				50,072.	1,618,990.	163,748.
(2) MARK G. ACKERMANN PRESIDENT	3.70 46.30	X	X				44,346.	546,933.	139,601.
(3) JAMES M. DUBIN CHAIRMAN	0.10 1.00	X	X				0.	0.	0.
(4) LAWRENCE E. GOLDSCHMIDT DEPUTY CHAIR	0.10 0.90	X	X				0.	0.	0.
(5) ROBERT B. OKUN SECRETARY	0.10 0.90	X	X				0.	0.	0.
(6) JOSEPH A. RIPP VICE CHAIRMAN	0.10 0.90	X	X				0.	0.	0.
(7) SARAH E. SMITH TREASURER	0.10 0.90	X	X				0.	0.	0.
(8) JONATHAN M. WAINWRIGHT DEPUTY CHAIR	0.10 0.90	X	X				0.	0.	0.
(9) MARIOS DAMIANIDES DIRECTOR-EFFECTIVE 4/30/15	0.10 0.90	X					0.	0.	0.
(10) PAULINE RAIFF DIRECTOR	0.10 0.90	X					0.	0.	0.
(11) RONALD G. WEINER DIRECTOR	0.10 0.90	X					0.	0.	0.
(12) CHARLES BLUM SVP & GENERAL COUNSEL	6.40 33.60		X				56,031.	294,161.	66,802.
(13) KELLYANNE CAIVANO SENIOR VP FINANCE	2.40 37.60		X				16,986.	260,101.	60,395.
(14) IRMA EVANS ASSISTANT SECRETARY	2.60 32.40		X				5,198.	64,113.	18,332.
(15) ELLIOT J. HAGLER CHIEF FINANCIAL OFFICER	2.40 37.60		X				25,142.	385,003.	107,834.
(16) ROBERT HOAK SVP, DEVELOPMENT	0.10 39.90		X				0.	243,762.	63,126.
(17) BRUCE MASTALINSKI SVP & CHIEF COMPLIANCE OFFICER	2.40 37.60		X				21,294.	326,660.	49,598.

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) SARAH SPICEHANDLER	0.50	X					1,242.	81,564.	38,257.
ASSISTANT SECRETARY	34.50								
(19) MAURA SWEENEY	5.90	X					47,682.	270,195.	41,897.
SVP PROGRAMS & SVCS	34.10								
(20) CATHLEEN WIRTS	0.10	X					0.	266,067.	58,661.
SVP, STRAT, MKTG & COMM.	39.90								
(21) GOLDIE DERSH	35.00					X	169,611.	0.	37,063.
VP BEHAVIOR HEALTH SCIENCE									
(22) MELISSA FARBER	2.50					X	12,833.	170,496.	74,572.
VP HUMAN RESOURCES	32.50								
(23) LISA FERFOGLIA	2.50					X	11,079.	147,191.	24,640.
HR AND SITE ADMINISTRATOR	32.50								
(24) HAROLD LEDERMAN	2.10					X	8,893.	136,419.	31,309.
DIRECTOR INTERNAL AUDIT	32.90								
(25) SARA PITTERMAN	2.20					X	9,681.	148,253.	42,850.
AVP FINANCE	32.80								
<b>1b Sub-total</b>							<b>480,090.</b>	<b>4,959,908.</b>	<b>1,018,685.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>							<b>480,090.</b>	<b>4,959,908.</b>	<b>1,018,685.</b>

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
D-J AMBULETTE SERVICE D/B/A CITICARE 1200 ZEREGA AVENUE, BRONX, NY 10462	TRANSPORTATION	1,008,721.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.**

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**Part VIII Statement of Revenue**

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

		<b>(A) Total revenue</b>	<b>(B) Related or exempt function revenue</b>	<b>(C) Unrelated business revenue</b>	<b>(D) Revenue excluded from tax under sections 512 - 514</b>	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns .....	1a				
	b Membership dues .....	1b				
	c Fundraising events .....	1c				
	d Related organizations .....	1d				
	e Government grants (contributions) .....	1e				
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>					
<b>Program Service Revenue</b>	2 a MEDICARE/MEDICAID	Business Code 621400	4,057,317.	4,057,317.		
	b PRIVATE AND OTHERS	621400	157,758.	157,758.		
	c CACFP MEAL SUBSIDY	621400	74,512.	74,512.		
	d					
	e					
	f All other program service revenue .....					
	<b>g Total. Add lines 2a-2f</b>		4,289,587.			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) .....				
4 Income from investment of tax-exempt bond proceeds						
5 Royalties .....						
6 a Gross rents .....		(i) Real	(ii) Personal			
b Less: rental expenses .....						
c Rental income or (loss) .....						
d Net rental income or (loss) .....						
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses .....						
c Gain or (loss) .....						
d Net gain or (loss) .....						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
b Less: direct expenses .....	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19 .....	a					
b Less: direct expenses .....	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances .....	a					
b Less: cost of goods sold .....	b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
11 a						
b						
c						
d All other revenue .....						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions.</b>		4,289,587.	4,289,587.	0.	0.	

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.**

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**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	309,941.		309,941.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	3,483,175.	3,242,097.	241,078.	
9 Other employee benefits .....	240,303.	219,344.	20,959.	
10 Payroll taxes .....	886,761.	859,454.	27,307.	
11 Payroll taxes .....	302,249.	275,180.	27,069.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	131,153.	45,629.	85,524.	
12 Advertising and promotion .....	9,678.		9,678.	
13 Office expenses .....	179,430.	137,863.	41,567.	
14 Information technology .....	156,973.	27,283.	129,690.	
15 Royalties .....				
16 Occupancy .....	609,839.	544,650.	65,189.	
17 Travel .....	922,743.	922,743.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	445.	445.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	12,532.	12,532.		
23 Insurance .....	57,965.	56,436.	1,529.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....				
a .....				
b .....				
c .....				
d .....				
e All other expenses .....	1,280.	1,255.	25.	
25 Total functional expenses. Add lines 1 through 24e .....	7,346,562.	6,344,911.	1,001,651.	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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	79,693.	1	72,712.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	763,528.	4	608,078.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	324,600.	
	b Less: accumulated depreciation .....	10b	294,954.	35,776.
			10c	29,646.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>878,997.</b>	<b>16</b>	<b>710,436.</b>
Liabilities	17 Accounts payable and accrued expenses .....	144,929.	17	101,476.
	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	18,617,884.	25	21,549,751.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>18,762,813.</b>	<b>26</b>	<b>21,651,227.</b>
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	-17,883,816.	27	-20,940,791.
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	-17,883,816.	33	-20,940,791.
	<b>34 Total liabilities and net assets/fund balances</b> .....	<b>878,997.</b>	<b>34</b>	<b>710,436.</b>

Form 990 (2014)

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.**

Form 990 (2014)

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**Part XI Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	4,289,587.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	7,346,562.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	-3,056,975.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	-17,883,816.
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain in Schedule O) .....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	10	-20,940,791.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2014)

## 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](http://www.irs.gov/form990).

2014

**Open to Public  
Inspection**

Name of the organization JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC. Employer identification number 20-1480790

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.  
a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
f Enter the number of supported organizations .....   
g Provide the following information about the supported organization(s).  
h  **Section 509(a)(1) or (2) organization.** \_\_\_\_\_  
i  **Section 509(a)(3) organization.** \_\_\_\_\_  
j  **Section 509(a)(4) organization.** \_\_\_\_\_  
k  **Section 509(a)(5) organization.** \_\_\_\_\_  
l  **Section 509(a)(6) organization.** \_\_\_\_\_  
m  **Section 509(a)(7) organization.** \_\_\_\_\_  
n  **Section 509(a)(8) organization.** \_\_\_\_\_  
o  **Section 509(a)(9) organization.** \_\_\_\_\_  
p  **Section 509(a)(10) organization.** \_\_\_\_\_  
q  **Section 509(a)(11) organization.** \_\_\_\_\_  
r  **Section 509(a)(12) organization.** \_\_\_\_\_  
s  **Section 509(a)(13) organization.** \_\_\_\_\_  
t  **Section 509(a)(14) organization.** \_\_\_\_\_  
u  **Section 509(a)(15) organization.** \_\_\_\_\_  
v  **Section 509(a)(16) organization.** \_\_\_\_\_  
w  **Section 509(a)(17) organization.** \_\_\_\_\_  
x  **Section 509(a)(18) organization.** \_\_\_\_\_  
y  **Section 509(a)(19) organization.** \_\_\_\_\_  
z  **Section 509(a)(20) organization.** \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

LHA F

**Form 990 or 990-EZ.** 432021 09-17-14

**Schedule A (Form 990 or 990-EZ) 2014**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization'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 <b>Total.</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
15 Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		
► <input type="checkbox"/>		

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**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,000.	10,150.	50,000.			63,150.
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 .....	4,324,548.	5,055,692.	4,467,511.	4,709,160.	4,289,587.	22,846,498.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5 .....	4,327,548.	5,065,842.	4,517,511.	4,709,160.	4,289,587.	22,909,648.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
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 .....						0.
c Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						22,909,648.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 .....	4,327,548.	5,065,842.	4,517,511.	4,709,160.	4,289,587.	22,909,648.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
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 VI.) .....				139,756.		139,756.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	4,327,548.	5,065,842.	4,517,511.	4,848,916.	4,289,587.	23,049,404.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	15	99.39	%
16 Public support percentage from 2013 Schedule A, Part III, line 15 .....	16	99.19	%

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	17	.00	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17 .....	18		%
19a <b>33 1/3% support tests - 2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			► <input checked="" type="checkbox"/>
b <b>33 1/3% support tests - 2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....			► <input type="checkbox"/>

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

1	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.	
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	
c <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).	
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>	
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2014 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b> <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

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## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2014**Open to Public  
Inspection► 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](http://www.irs.gov/form990).Name of the organization **JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.** Employer identification number **20-1480790****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► .....	
4 Number of states where property subject to conservation easement is located ► .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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) Revenue included in Form 990, Part VIII, line 1 .....	► \$ .....
(ii) Assets included in Form 990, Part X .....	► \$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1 .....	► \$ .....
b Assets included in Form 990, Part X .....	► \$ .....

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

d  Loan or exchange programs

e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations .....
- (ii) related organizations .....

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....	133,269.	106,493.	26,776.	
e Other .....	191,331.	188,461.	2,870.	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>29,646.</b>

Schedule D (Form 990) 2014

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.**

Schedule D (Form 990) 2014

20-1480790 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 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) _____		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes .....		
(2) <b>DUE TO AFFILIATES</b>	<b>21,415,656.</b>	
(3) <b>DUE TO THIRD PARTIES</b>	<b>134,095.</b>	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>	<b>21,549,751.</b>	

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

Schedule D (Form 990) 2014

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.**

Schedule D (Form 990) 2014

20-1480790 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements .....	1	4,293,446.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments .....	2a	
b Donated services and use of facilities .....	2b	3,859.
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	3,859.
3 Subtract line 2e from line 1 .....	3	4,289,587.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	4,289,587.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements .....	1	7,350,421.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	3,859.
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	3,859.
3 Subtract line 2e from line 1 .....	3	7,346,562.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	7,346,562.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

MHS HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING JUNE 30, 2012 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

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

Department of the Treasury  
Internal Revenue Service

**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.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.

Employer identification number  
20-1480790

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**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 establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

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:

**a** The organization? .....

**b** Any related organization? .....

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 .....

**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 .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

Schedule J (Form 990) 2014

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.**

Schedule J (Form 990) 2014

20-1480790

Page 2

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

For each individual whose compensation must be reported 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALAN R. MORSE CHIEF EXECUTIVE OFFICER	(i) 27,324.	9,000.	13,748.	3,683.	1,229.	54,984.	12,341.
	(ii) 883,464.	291,000.	444,526.	119,091.	39,745.	1,777,826.	399,013.
(2) MARK G. ACKERMANN PRESIDENT	(i) 37,672.	0.	6,674.	7,238.	3,233.	54,817.	6,573.
	(ii) 464,622.	0.	82,311.	89,262.	39,868.	676,063.	81,063.
(3) CHARLES BLUM SVP & GENERAL COUNSEL	(i) 55,870.	0.	161.	4,652.	6,036.	66,719.	0.
	(ii) 293,316.	0.	845.	24,426.	31,688.	350,275.	0.
(4) KELLYANNE CAIVANO SENIOR VP FINANCE	(i) 15,885.	920.	181.	2,128.	1,574.	20,688.	0.
	(ii) 243,251.	14,080.	2,770.	32,585.	24,108.	316,794.	0.
(5) ELLIOT J. HAGLER CHIEF FINANCIAL OFFICER	(i) 22,553.	2,452.	137.	2,748.	3,096.	30,986.	0.
	(ii) 345,357.	37,548.	2,098.	42,079.	59,911.	486,993.	0.
(6) ROBERT HOAK SVP, DEVELOPMENT	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 243,291.	0.	471.	25,502.	37,624.	306,888.	0.
(7) BRUCE MASTALINSKI SVP & CHIEF COMPLIANCE OFFICER	(i) 20,763.	0.	531.	1,757.	1,278.	24,329.	0.
	(ii) 318,507.	0.	8,153.	26,958.	19,605.	373,223.	0.
(8) MAURA SWEENEY SVP PROGRAMS & SVCS	(i) 47,611.	0.	71.	4,217.	2,067.	53,966.	0.
	(ii) 269,795.	0.	400.	23,898.	11,715.	305,808.	0.
(9) CATHLEEN WIRTS SVP, STRAT, MKTG & COMM.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 255,061.	10,000.	1,006.	34,388.	24,273.	324,728.	0.
(10) GOLDIE DERSH VP BEHAVIOR HEALTH SCIENCE	(i) 169,611.	0.	0.	12,267.	24,796.	206,674.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) MELISSA FARBER VP HUMAN RESOURCES	(i) 12,087.	700.	46.	1,739.	2,875.	17,447.	0.
	(ii) 160,587.	9,300.	609.	23,102.	46,856.	240,454.	0.
(12) LISA FERFOGLIA HR AND SITE ADMINISTRATOR	(i) 11,013.	0.	66.	803.	922.	12,804.	0.
	(ii) 146,309.	0.	882.	10,666.	12,249.	170,106.	0.
(13) HAROLD LEDERMAN DIRECTOR INTERNAL AUDIT	(i) 8,855.	0.	38.	285.	1,456.	10,634.	0.
	(ii) 135,833.	0.	586.	4,371.	25,197.	165,987.	0.
(14) SARA PITTERMAN AVP FINANCE	(i) 9,612.	61.	8.	611.	1,679.	11,971.	0.
	(ii) 147,192.	939.	122.	9,354.	31,206.	188,813.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III Supplemental Information**

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

**PART I, LINE 4B:**

**457(F) DEFERRED COMPENSATION PLAN:**

ALAN R. MORSE - \$93,774

MARK G. ACKERMANN - \$50,000

**PART I, LINE 7:**

AS PART OF THE COMPENSATION FOR 2014, THE COMPENSATION COMMITTEE GRANTED  
BONUSES TO THE EXECUTIVE STAFF, BASED ON ITS REVIEW OF THEIR PERFORMANCE,  
AS DOCUMENTED IN THE MINUTES OF THE COMMITTEE. THE AMOUNTS REFLECTED AS  
BONUSES ON THIS SCHEDULE REPRESENT AN ALLOCATION OF THE BONUS PAID BY A  
RELATED PARTY.

## 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.

Employer identification number  
20-1480790

### FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES INC.'S BEHAVIORAL  
HEALTH SERVICES NOW INCLUDE FOUR PROGRAMS SPECIFICALLY DESIGNED FOR  
PEOPLE WITH VISION LOSS AND OTHER DISABILITIES WHO WOULD BENEFIT FROM  
BEHAVIORAL HEALTH TREATMENT PROGRAMS. OUR PROGRAMS ARE:

1. MANHATTAN PSYCHIATRIC CLINIC AND BROOKLYN SATELLITE CLINIC
2. CONTINUING DAY TREATMENT PROGRAM
3. DEVELOPMENTAL DISABILITIES DAY TREATMENT PROGRAM
4. MENTAL HEALTH LIAISON PROGRAM

EACH OF OUR BEHAVIORAL HEALTH PROGRAMS ARE DESIGNATED BY NEW YORK STATE  
AS VITAL ACCESS/SAFETY NET PROVIDERS DUE TO THE NUMBER OF MEDICAID  
PATIENTS WE SERVE WITH EXTREMELY HIGH NEEDS.

1. WE OPERATE THE ONLY PSYCHIATRIC CLINICS IN THE COUNTRY OFFERING  
TREATMENT AND MANAGEMENT OF BEHAVIORAL DISORDERS TO PEOPLE WHO ARE  
BLIND OR VISUALLY IMPAIRED, AT RISK FOR VISION LOSS, PHYSICALLY  
DISABLED, OR HAVE TRAUMATIC BRAIN INJURY. OUR CLINICS SPECIALIZE IN THE  
TREATMENT OF DEPRESSION AND MANAGEMENT/COPING WITH CHRONIC DISEASE.  
PROGRAMS ARE SPECIFICALLY DESIGNED AND ADAPTED FOR PEOPLE WITH  
DEPRESSION, ANXIETY, AND FEAR ASSOCIATED WITH SENSORY AND FUNCTIONAL  
LOSS.

OUR PSYCHIATRIC SERVICES INCLUDE INDIVIDUAL, COUPLE AND FAMILY  
PSYCHOTHERAPY, PSYCHIATRIC EVALUATION, PSYCHOPHARMACOLOGY AND  
MEDICATION MANAGEMENT, GROUP PSYCHOTHERAPY, PSYCHOLOGICAL AND  
NEUROPSYCHOLOGICAL TESTING, MEDICAL COORDINATION AND WELLNESS, AND

Name of the organization	JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.
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Employer identification number	20-1480790
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CRISIS INTERVENTION 24/7.

THE CLINICS SERVE CHILDREN AND ADULTS WHO ARE VISUALLY IMPAIRED, PHYSICALLY DISABLED, SERIOUSLY AND PERSISTENTLY MENTALLY ILL, DEVELOPMENTALLY DISABLED AND TRAUMATIC BRAIN INJURED.

THE CLINIC PROVIDED 12,549 SESSIONS TO APPROXIMATELY 371 CLIENTS IN 2015.

2. CONTINUING DAY TREATMENT PROGRAM (CDTP) PROVIDES PSYCHOTHERAPEUTIC INTERVENTIONS TO HELP PEOPLE WITH SERIOUS AND PERSISTENT MENTAL ILLNESS, PHYSICAL DISABILITIES INCLUDING VISION IMPAIRMENT, BLINDNESS, OR WHO ARE AT RISK FOR VISION LOSS, AND THOSE WITH CHRONIC MEDICAL ILLNESSES REMAIN IN THEIR COMMUNITIES. ONE-THIRD OF OUR CDTP PATIENTS HAVE DIABETES. OTHER COMMON CHRONIC CONDITIONS THEY HAVE INCLUDE ASTHMA, HIV, OBESITY, SUBSTANCE AND TOBACCO USE. WE OFFER SERVICES THAT ADDRESS PREVENTING PSYCHIATRIC AND MEDICAL HOSPITALIZATIONS AND HELPING PATIENTS OVERCOME COEXISTING DISABILITIES THROUGH SKILL ACQUISITIONS.

THE CDTP SERVES INDIVIDUALS WITH ACUTE AND HIGH INTENSITY BEHAVIORAL NEEDS. THERAPEUTIC GROUPS AND CASE MANAGEMENT SERVICES SUPPORT THEIR DAILY FUNCTIONING AND HELP THEM REMAIN SAFELY IN THEIR COMMUNITY THROUGH EDUCATION AND SKILL DEVELOPMENT IN SYMPTOM MANAGEMENT, ENGAGEMENT IN OBTAINING PHYSICAL HEALTH NEEDS AND SERVICES, MAINTAINING ENTITLEMENTS AND BENEFITS, AND COORDINATION OF COMMUNITY INTEGRATION AND HOUSING NEEDS.

IN 2015 9,158 SESSIONS WERE PROVIDED TO APPROXIMATELY 57 CLIENTS.

Name of the organization	JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.	Employer identification number
		20-1480790

3. DEVELOPMENTAL DISABILITIES DAY TREATMENT PROGRAM (DTP) MEETS THE REGULATORY REQUIREMENTS AND THE NEEDS OF PEOPLE WHO ARE DEVELOPMENTALLY DISABLED WHO ARE ALSO BLIND OR VISUALLY IMPAIRED, DEAF OR PHYSICALLY DISABLED. THIS IS THE ONLY PROGRAM IN NEW YORK CITY THAT PROVIDES THESE SERVICES TO THIS MULTI-DISABLED POPULATION. OUR CLIENTS ALSO HAVE BOTH SENSORY AND COMMUNICATION CHALLENGES. SERVICES ARE DESIGNED TO HELP THEM IMPROVE AND MAINTAIN SKILLS AND TO PROVIDE ONGOING COGNITIVE STIMULATION TO SUPPORT THEIR ABILITY TO LIVE SAFELY IN THEIR RESIDENCES, OR IN SOME CASES, AT HOME WITH THEIR FAMILIES. MANY CLIENTS HAVE LONG HISTORIES WITH US, INCLUDING ONCE BEING STUDENTS IN OUR SCHOOLS.

THE DTP OFFERS INDEPENDENT LIVING SKILLS TRAINING, MEDICAL OVERSIGHT, NURSING, NUTRITION, PHYSICAL THERAPY, PSYCHOLOGY, PSYCHIATRY, SOCIAL WORK, RECREATION AND TRANSPORTATION. THE PROGRAM SERVES PEOPLE WHO HAVE DEVELOPMENTAL DISORDERS WHO RANGE IN THE IQ LEVELS OF MILD (55-70), MODERATE (35-55), SEVERE (20-40), AND PROFOUND (BELOW 25), MENTAL HEALTH DIAGNOSES, VISION IMPAIRMENTS, DEAFNESS AND PHYSICAL DISABILITIES.

TREATMENT AND INTERVENTIONS ARE DESIGNED TO ENABLE CLIENTS IN THE MILD DEVELOPMENTAL DISORDER IQ LEVEL TO CONTINUE TO LIVE IN THE COMMUNITY AND THOSE IN THE MODERATE TO PROFOUND IQ LEVELS TO LIVE IN SUPPORTED APARTMENTS AND RESIDENCES.

IN 2015, 19,198 SESSIONS WERE PROVIDED TO APPROXIMATELY 93 CLIENTS.

4. OUR MENTAL HEALTH LIAISON PROGRAM PROVIDES SUPPORT TO GUILDFNET BY

432212  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization	JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.	Employer identification number
		20-1480790

SCREENING PENDING AND ENROLLED MEMBERS FOR BEHAVIORAL HEALTH RISK

FACTORS THAT CAN IMPACT THE SAFE MANAGEMENT OF GUILDNET MEMBERS IN THE

HOME. THE PROGRAM TEAM IDENTIFIES GUILDNET MEMBERS WITH MENTAL HEALTH

NEEDS AND REFERS THEM TO BEHAVIORAL HEALTH AND OTHER SERVICES,

FACILITATES THE COORDINATION OF CARE BETWEEN GUILDNET AND COMMUNITY

MENTAL HEALTH PROVIDERS, PROVIDES CRISIS INTERVENTION SUPPORT AND

CONSULTATION TO GUILDNET TEAMS, INITIATES REFERRALS TO A NETWORK OF

PSYCHIATRIC MOBILE CRISIS TEAMS AND REVIEWS DISCHARGE PLANS WITH

INPATIENT PSYCHIATRIC STAFF, AND IS COMPRISED OF LICENSED MASTER DEGREE

SOCIAL WORKERS THAT PROVIDE TELEPHONIC ASSESSMENTS.

FORM 990, PART VI, SECTION A, LINE 6:

THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE IS THE SOLE

MEMBER OF JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC. (MHS).

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

THE SOLE MEMBER ELECTS THE BOARD MEMBERS OF MHS ON AN ANNUAL BASIS.

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

THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND REVIEWED BY THE

ORGANIZATION'S OUTSIDE AUDITORS. THE FORM IS THEN REVIEWED IN DETAIL BY A

COMMITTEE OF THE BOARD. AFTER ITS APPROVAL, A COPY OF THE FORM IS

DISTRIBUTED TO THE FULL BOARD FOR REVIEW PRIOR TO ITS FILING WITH THE

INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL OFFICERS,

DIRECTORS AND EMPLOYEES OF THE ORGANIZATION. A DISCLOSURE QUESTIONNAIRE

432212  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization	JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.	Employer identification number
		20-1480790

CONCERNING FINANCIAL INTERESTS AND ANY OTHER POTENTIAL CONFLICTS OF INTEREST AND RELATED ISSUES IS COMPLETED BY EACH DIRECTOR, OFFICER, AND EMPLOYEE ON AN ANNUAL BASIS. NOTWITHSTANDING SUBMISSION OF THE APPLICABLE QUESTIONNAIRE, EACH DIRECTOR, OFFICER OR EMPLOYEE HAS A CONTINUING DUTY TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST PROMPTLY UPON COMING INTO POSSESSION OF ANY INFORMATION CONCERNING A POTENTIAL CONFLICT OF INTEREST OR ANY CHANGES IN THE INFORMATION REQUESTED IN THE QUESTIONNAIRE. ANY POTENTIAL CONFLICT OF INTEREST SHALL BE DISCLOSED TO THE AUDIT COMMITTEE OF THE BOARD, OR, WHEN THE MATTER IS THEN UNDER CONSIDERATION BY THE BOARD OR THE EXECUTIVE COMMITTEE, TO THE BOARD OR EXECUTIVE COMMITTEE, RESPECTIVELY.

NEITHER THE AUDIT OR EXECUTIVE COMMITTEE, NOR THE BOARD SHALL GENERALLY APPROVE ANY TRANSACTION GIVING RISE TO A POTENTIAL CONFLICT OF INTEREST. HOWEVER, IN EXCEPTIONAL CIRCUMSTANCES, THE AUDIT COMMITTEE, THE EXECUTIVE COMMITTEE OR THE BOARD MAY DETERMINE THAT BASED ON A CONSIDERATION OF PRICE, QUALITY, EXPERTISE AND OTHER RELEVANT FACTORS, THERE IS NO TRANSACTION THAT IS AVAILABLE OR FEASIBLE AS AN ALTERNATIVE TO THE PROPOSED TRANSACTION AND SUCH TRANSACTION IS FAIR AND REASONABLE AND IN THE ORGANIZATION'S BEST INTEREST. UNDER SUCH CIRCUMSTANCES, THE AUDIT COMMITTEE, THE EXECUTIVE COMMITTEE, OR BOARD MAY APPROVE SUCH TRANSACTION (SUBJECT, IN THE CASE OF THE AUDIT COMMITTEE, TO THE APPROVAL OF THE EXECUTIVE COMMITTEE OR THE BOARD). SUCH CONSIDERATION AND ACTION SHALL BE CONTEMPORANEOUSLY RECORDED AND SHALL BE REFLECTED IN THE APPROPRIATE MEETING MINUTES.

A DIRECTOR, OFFICER, OR EMPLOYEE WITH A POTENTIAL CONFLICT OF INTEREST SHALL NOT BE COUNTED IN DETERMINING THE QUORUM FOR, SEEK TO INFLUENCE, PARTICIPATE IN, OR BE PRESENT DURING ANY DELIBERATIONS OR VOTE OF THE AUDIT COMMITTEE, EXECUTIVE COMMITTEE OR THE BOARD REGARDING THE TRANSACTION OR

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POTENTIAL TRANSACTION GIVING RISE TO THE POTENTIAL CONFLICT OF INTEREST.  
NEITHER THE AUDIT COMMITTEE, EXECUTIVE COMMITTEE NOR THE BOARD SHALL  
APPROVE ANY TRANSACTION GIVING RISE TO A POTENTIAL CONFLICT OF INTEREST BY  
LESS THAN A MAJORITY VOTE OF COMMITTEE (OR BOARD) MEMBERS PRESENT AT THE  
MEETING.  
THE DISCLOSURE OF A POTENTIAL CONFLICT OF INTEREST AND THE RESOLUTION OF  
SUCH POTENTIAL CONFLICT OF INTEREST SHALL BE RECORDED IN THE MINUTES OF THE  
MEETING OF THE AUDIT COMMITTEE, OR THE EXECUTIVE COMMITTEE OR BOARD AT  
WHICH THE MATTER WAS PRESENTED OR DISCUSSED.

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

THE COMPENSATION COMMITTEE, COMPRISED OF LIGHTHOUSE GUILD INTERNATIONAL,  
INC. AND AFFILIATE BOARD MEMBERS, RETAINED AN INDEPENDENT COMPENSATION  
CONSULTANT FIRM TO REVIEW THE REASONABLENESS AND COMPARABILITY TO OTHER  
ORGANIZATIONS OF THE COMPENSATION IN 2014 OF THE CEO AND OTHER SENIOR  
EXECUTIVES OF THE ORGANIZATION. THE REVIEW INCLUDED AN ASSESSMENT OF  
COMPLIANCE WITH APPLICABLE FEDERAL AND STATE STATUTES AND REGULATIONS,  
WHICH WAS REVIEWED BY OUTSIDE COUNSEL. THE REPORT OF THE CONSULTANTS WAS  
PRESENTED AT A MEETING OF THE COMPENSATION COMMITTEE, AT WHICH THE  
CONSULTANTS AND OUTSIDE COUNSEL WERE PRESENT. THE COMMITTEE REVIEWED THE  
REPORT AT LENGTH TOGETHER WITH OTHER RELEVANT INFORMATION ABOUT SPECIFIC  
JOB PERFORMANCE, AND DETERMINED THE APPROPRIATE COMPENSATION. MINUTES OF  
THE COMMITTEE'S MEETING HAVE BEEN MAINTAINED. THE COMMITTEE'S  
RECOMMENDATIONS WERE PRESENTED FOR RATIFICATION AT THE FOLLOWING BOARD  
MEETING AT WHICH THE RECOMMENDATIONS WERE UNANIMOUSLY APPROVED.

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 IS AVAILABLE ON LIGHTHOUSE GUILD'S WEBSITE. A COPY OF THE FORM  
432212  
08-27-14

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990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT AND SELECTION OF INDEPENDENT ACCOUNTANTS. THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR.

FORM 990, PART VII, SECTION A

A PORTION OF THE COMPENSATION PAID BY LGI SERVICES, LLC (EIN# 46-4232802), A DISREGARDED ENTITY OF THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE, HAS BEEN ALLOCATED TO MHS AND OTHER AFFILIATES. MHS EMPLOYEES DID NOT RECEIVE ANY DIRECT COMPENSATION FROM MHS BUT DID RECEIVE COMPENSATION FROM LGI SERVICES, LLC (EIN# 46-4232802).

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.

**Employer identification number**  
**20-1480790**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

**Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE - 13-1623854, 15 WEST 65TH STREET, NEW YORK, NY 10023	PROVIDE SERVICES & EXPAND ACCESS TO CARE FOR THE BLIND OR VISUALLY IMPAIRED	NEW YORK	501 (C) (3)	9	LIGHTHOUSE GUILD INTERNATIONAL, INC.	X	
JGB HEALTH FACILITIES CORPORATION - 13-2795647, 15 WEST 65TH STREET, NEW YORK, NY 10023	ADULT DAY HEALTH CARE PROGRAMS						
JGB REHABILITATION CORPORATION - 13-3439035 15 WEST 65TH STREET NEW YORK, NY 10023	OUTPATIENT MEDICAL CLINIC						
JGB EDUCATION SERVICES - 13-3419981 15 WEST 65TH STREET NEW YORK, NY 10023	PRIVATE NONRESIDENTIAL SCHOOL	NEW YORK	501 (C) (3)	9	THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH	X	
				2	THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH		X

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

Schedule R (Form 990) 2014

SEE PART VII FOR CONTINUATIONS

JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.

Schedule R (Form 990)

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**Part II Continuation of Identification of Related Tax-Exempt Organizations**

JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.

## Schedule R (Form 990) 2014

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**Part III 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.

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

**JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.**

Schedule R (Form 990) 2014

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** 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?

		Yes	No
1a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1b	Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1c	Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1d	Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1e	Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1f	Dividends from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1g	Sale of assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1h	Purchase of assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1i	Exchange of assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1j	Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1k	Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1l	Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1m	Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1o	Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1p	Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1q	Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1r	Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1s	Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**2** 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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

JGB MENTAL HEALTH AND MENTAL RETARDATION  
SERVICES, INC.

Schedule R (Form 990) 2014

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**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 partnerships.

**Schedule R (Form 990) 2014**

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

JGB HEALTH FACILITIES CORPORATION

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH  
GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

JGB REHABILITATION CORPORATION

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH  
GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

JGB EDUCATION SERVICES

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH  
GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

GUILDFNET, INC.

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH  
GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

GREATER BOSTON GUILD FOR THE BLIND, INC.

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH  
GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL  
IMPAIRMENTS, INC.

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH  
GUILD HEALTHCARE

SCHEDULE R, PART II

MHS IS AN AFFILIATE OF LIGHTHOUSE GUILD INTERNATIONAL, INC. (LGII).

LGII HANDLES THE MANAGEMENT, MARKETING AND FUNDRAISING FOR MHS AND ALL  
OTHER AFFILIATES.

SCHEDULE R, PART V

MHS HAS A MANAGEMENT AGREEMENT WITH THE GUILD FOR ALL NECESSARY  
MANAGEMENT AND SALARIED STAFFING SERVICES AS WELL AS USE OF FACILITIES,  
EQUIPMENT AND OTHER ASSETS.

MHS RECEIVED PAYMENTS FROM GUILDFNET, INC. FOR MEDICAL AND HEALTH CARE  
SERVICES PROVIDED TO GUILDFNET MEMBERS.