



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation****2009**Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending

G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	INSTITUTE OF MENTAL HYGIENE OF THE CITY OF NEW ORLEANS 1055 ST. CHARLES AVENUE #350 NEW ORLEANS, LA 70130		A Employer identification number 72-0446138
			B Telephone number (see the instructions) 504-566-1852
			C If exemption application is pending, check here ☐
			D 1 Foreign organizations, check here ☐ 2 Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 17,786,719.		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (att sch)				
2	Ck ☒ if the foundn is not req to att Sch B				
3	Interest on savings and temporary cash investments			N/A	
4	Dividends and interest from securities	445,122.	445,122.		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain/(loss) from sale of assets not on line 10	-350,131.			
b	Gross sales price for all assets on line 6a 4,764,675.				
7	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit/(loss) (att sch)				
11	Other income (attach schedule) SEE STATEMENT 1	18,750.			
12	Total. Add lines 1 through 11	113,741.	445,122.		
13	Compensation of officers, directors, trustees, etc	100,200.	25,050.		75,150.
14	Other employee salaries and wages	66,102.			66,102.
15	Pension plans, employee benefits	19,184.	2,272.		16,912.
16a	Legal fees (attach schedule)				
b	Accounting fees (attach sch) SEE ST 2	8,000.	2,000.		6,000.
c	Other prof fees (attach sch) SEE ST 3	112,453.	66,212.		46,241.
17	Interest				
18	Taxes (attach schedule X see instr) SEE STM 4	3,488.			
19	Depreciation (attach sch) and depletion	1,989.			
20	Occupancy	22,290.			22,290.
21	Travel, conferences, and meetings	10,288.			10,288.
22	Printing and publications	93.	23.		70.
23	Other expenses (attach schedule) SEE STATEMENT 5	27,865.	786.		27,079.
24	Total operating and administrative expenses. Add lines 13 through 23	371,952.	96,343.		270,132.
25	Contributions, gifts, grants paid PART XV	94,771.			802,882.
26	Total expenses and disbursements. Add lines 24 and 25	466,723.	96,343.		1,073,014.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	-352,982.			
b	Net investment income (if negative, enter -0-)		348,779.		
c	Adjusted net income (if negative, enter -0-)				

G14

15

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
ASSETS	1	Cash — non-interest-bearing		154,009.	51,127.	51,127.
	2	Savings and temporary cash investments		5,184,931.	1,098,695.	1,098,695.
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)				
	7	Other notes and loans receivable (attach sch)				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		15,784.	16,702.	16,702.
	10a	Investments — U.S. and state government obligations (attach schedule)				
	b	Investments — corporate stock (attach schedule) STATEMENT 6		11,324,028.	16,371,327.	16,371,327.
	c	Investments — corporate bonds (attach schedule)				
	LIABILITIES	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)				
12		Investments — mortgage loans				
13		Investments — other (attach schedule) STATEMENT 7		28,865.	221,644.	221,644.
14		Land, buildings, and equipment basis	28,306.			
		Less accumulated depreciation (attach schedule) SEE STMT 8	23,173.	2,641.	5,133.	5,133.
15		Other assets (describe SEE STATEMENT 9)		35,649.	22,091.	22,091.
16		Total assets (to be completed by all filers — see instructions Also, see page 1, item I)		16,745,907.	17,786,719.	17,786,719.
17		Accounts payable and accrued expenses		10,438.	14,584.	
18		Grants payable		1,349,374.	641,260.	
FUNDS	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)		1,359,812.	655,844.	
	24	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ☒				
	25	Unrestricted		15,386,095.	17,130,875.	
ASSETS	26	Temporarily restricted				
	27	Permanently restricted				
	28	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ☐				
	29	Capital stock, trust principal, or current funds				
	30	Paid-in or capital surplus, or land, building, and equipment fund				
	31	Retained earnings, accumulated income, endowment, or other funds				
	32	Total net assets or fund balances (see the instructions)		15,386,095.	17,130,875.	
33	Total liabilities and net assets/fund balances (see the instructions)		16,745,907.	17,786,719.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	15,386,095.
2	Enter amount from Part I, line 27a	2	-352,982.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 10	3	2,097,762.
4	Add lines 1, 2, and 3	4	17,130,875.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	17,130,875.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a SEE STATEMENT 11				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	— [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	-350,131.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	— [If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8]	3	-9,688.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	1,100,919.	19,157,942.	0.057465
2007	941,572.	21,472,906.	0.043849
2006	846,270.	20,307,808.	0.041672
2005	943,041.	19,605,959.	0.048100
2004	502,910.	19,294,010.	0.026066

2 Total of line 1, column (d)	2	0.217152
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.043430
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	16,321,683.
5 Multiply line 4 by line 3	5	708,851.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,488.
7 Add lines 5 and 6	7	712,339.
8 Enter qualifying distributions from Part XII, line 4	8	1,073,014.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary - see instr.)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b		1 3,488.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2 0.
3 Add lines 1 and 2		3 3,488.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4 0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5 3,488.
6 Credits/Payments		
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a 15,784.	
b Exempt foreign organizations – tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments Add lines 6a through 6d	7 15,784.	
8 Enter any penalty for underpayment of estimated tax Check here ☒ if Form 2220 is attached	8	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9 0.	
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10 12,296.	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ☐ 12,296. Refunded ☒ 0.	11 0.	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ☐ \$ 0. (2) On foundation managers ☐ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XIV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) N/A		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

BAA

Form 990-PF (2009)

Part VII-A Statements Regarding Activities Continued

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>NANCY FREEMAN</u> Telephone no <u>504-566-1852</u> Located at <u>1055 ST. CHARLES AVENUE NEW ORLEANS LA</u> ZIP + 4 <u>70130</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>	N/A		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1 a During the year did the foundation (either directly or indirectly).		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	☐ Yes ☒ No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here ☐	1b	N/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>	☐ Yes ☒ No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No	
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	N/A
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

BAA

Form 990-PF (2009)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b X

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		90,000.	10,200.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

BAA

Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	14,479,812.
b	Average of monthly cash balances	1b	2,049,317.
c	Fair market value of all other assets (see instructions)	1c	41,108.
d	Total (add lines 1a, b, and c)	1d	16,570,237.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	16,570,237.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	248,554.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	16,321,683.
6	Minimum investment return. Enter 5% of line 5	6	816,084.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	816,084.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	3,488.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	3,488.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	812,596.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	812,596.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	812,596.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	1,073,014.
b	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,073,014.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	3,488.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,069,526.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				812,596.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			159,233.	
b Total for prior years: 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 1,073,014.				
a Applied to 2008, but not more than line 2a			159,233.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2009 distributable amount				812,596.
e Remaining amount distributed out of corpus	101,185.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	101,185.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	101,185.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009	101,185.			

Part XV Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE SCHEDULE 1	NONE	N/A	MENTAL HEALTH RESEARCH & SERVICES	802,882.
Total			3a	802,882.
b Approved for future payment SEE SCHEDULE 2	NONE	N/A	MENTAL HEALTH RESEARCH AND SERVICES	49,550.
Total			3b	49,550.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	445,122.	
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	-350,131.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a	MANAGEMENT FEES					18,750.
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				94,991.	18,750.
13	Total. Add line 12, columns (b), (d), and (e)				13	113,741.

(See worksheet in the instructions for line 13 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations
------------------	--

	Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a Transfers from the reporting foundation to a noncharitable exempt organization of		
(1) Cash	1 a (1)	X
(2) Other assets	1 a (2)	X
b Other transactions		
(1) Sales of assets to a noncharitable exempt organization	1 b (1)	X
(2) Purchases of assets from a noncharitable exempt organization	1 b (2)	X
(3) Rental of facilities, equipment, or other assets	1 b (3)	X
(4) Reimbursement arrangements	1 b (4)	X
(5) Loans or loan guarantees	1 b (5)	X
(6) Performance of services or membership or fundraising solicitations	1 b (6)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1 c	X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

SIGN HERE	 Signature of officer or trustee		6/23/10 Date	Ex. DIRECTOR Title
	Preparer's signature 	Date 4/09/10	Check if self-employed ☐	Preparer's identifying number (See Signature in the instrs) N/A
	Firm's name (or yours if self-employed), address, and ZIP code PACIERA, GAUTREAU & PRIEST, LLC, CPA'S 3209 RIDGELAKE DR STE 200 METAIRIE, LA 70002-4982	EIN ☐ N/A	Phone no ☐ (504) 486-5573	

BAA

Form 990-PF (2009)

2009

FEDERAL STATEMENTS

INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

PAGE 1

72-0446138

STATEMENT 1
FORM 990-PF, PART I, LINE 11
OTHER INCOME

	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
MANAGEMENT FEES	\$ 18,750.		
TOTAL	\$ 18,750.	\$ 0.	\$ 0.

STATEMENT 2
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	\$ 8,000.	\$ 2,000.		\$ 6,000.
TOTAL	\$ 8,000.	\$ 2,000.		\$ 6,000.

STATEMENT 3
FORM 990-PF, PART I, LINE 16C
OTHER PROFESSIONAL FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GRANTS CONSULTANT MANAGEMENT FEES	\$ 46,241. 66,212.	\$ 66,212.		\$ 46,241.
TOTAL	\$ 112,453.	\$ 66,212.		\$ 46,241.

STATEMENT 4
FORM 990-PF, PART I, LINE 18
TAXES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INCOME TAXES	\$ 3,488.			
TOTAL	\$ 3,488.	\$ 0.		\$ 0.

INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

72-0446138

STATEMENT 5
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BOOKS AND PUBLICATIONS	\$ 2,630.			\$ 2,630.
DATA PROCESSING	1,826.			1,826.
INSURANCE- D&O	3,142.	\$ 786.		2,356.
INSURANCE- OFFICE	4,992.			4,992.
MEMBERSHIPS	4,495.			4,495.
MISCELLANEOUS	1,418.			1,418.
POSTAGE	234.			234.
REPAIRS/SERVICE CONTRACTS	2,767.			2,767.
SUPPLIES	2,479.			2,479.
TELEPHONE	3,882.			3,882.
TOTAL	\$ 27,865.	\$ 786.		\$ 27,079.

STATEMENT 6
FORM 990-PF, PART II, LINE 10B
INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	MKT VAL	\$ 9,693,144.	\$ 9,693,144.
MUTUAL FUNDS	MKT VAL	6,678,183.	6,678,183.
	TOTAL	\$ 16,371,327.	\$ 16,371,327.

STATEMENT 7
FORM 990-PF, PART II, LINE 13
INVESTMENTS - OTHER

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE INVESTMENT TRUST	MKT VAL	\$ 221,644.	\$ 221,644.
	TOTAL	\$ 221,644.	\$ 221,644.

STATEMENT 8
FORM 990-PF, PART II, LINE 14
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE	FAIR MARKET VALUE
FURNITURE AND FIXTURES	\$ 28,306.	\$ 23,173.	\$ 5,133.	\$ 5,133.
TOTAL	\$ 28,306.	\$ 23,173.	\$ 5,133.	\$ 5,133.

INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

72-0446138

STATEMENT 9
FORM 990-PF, PART II, LINE 15
OTHER ASSETS

	BOOK VALUE	FAIR MARKET VALUE
INTEREST RECEIVABLE	\$ 22,091.	\$ 22,091.
TOTAL	<u>\$ 22,091.</u>	<u>\$ 22,091.</u>

STATEMENT 10
FORM 990-PF, PART III, LINE 3
OTHER INCREASES

UNREALIZED GAIN ON INVESTMENTS	\$ 2,097,762.
TOTAL	<u>\$ 2,097,762.</u>

STATEMENT 11
FORM 990-PF, PART IV, LINE 1
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ITEM	(A) DESCRIPTION	(B) HOW ACQUIRED	(C) DATE ACQUIRED	(D) DATE SOLD
1	10000 AMERICAN VANGUARD CORP	PURCHASED	5/31/2006	9/10/2009
2	13000 FIRST STATE BANCORPORATION	PURCHASED	11/08/2007	1/30/2009
3	24139.335 VANGUARD TOTL BD MKT INDEX	PURCHASED	VARIOUS	VARIOUS
4	39646.284 VANGUARD TOTL BD MKT INDEX	PURCHASED	VARIOUS	VARIOUS
5	1000 AMGEN INC	PURCHASED	3/31/2009	7/15/2009
6	2458 AVON PRODUCTS INC	PURCHASED	1/08/2009	2/12/2009
7	1822 BANK OF NEW YORK MELLON CORP	PURCHASED	1/08/2009	1/20/2009
8	1452 CSX CORP	PURCHASED	1/08/2009	2/12/2009
9	3000 E I DU PONT DE NEMOURS & CO	PURCHASED	1/08/2009	2/12/2009
10	1500 FREEPORT-MCMORAN COPPER & GOLD	PURCHASED	3/31/2009	7/29/2009
11	1000 GOLDMAN SACHS GROUP INC	PURCHASED	1/23/2009	3/06/2009
12	3225 HARLEY DAVIDSON INC	PURCHASED	1/08/2009	1/23/2009
13	3312 HOME DEPOT INC	PURCHASED	3/09/2009	5/18/2009
14	6500 ILLUMINA INC	PURCHASED	VARIOUS	VARIOUS
15	6000 ISHARES FTSE/XINHUA CHINA 25	PURCHASED	3/23/2009	7/29/2009
16	2500 JP MORGAN CHASE & CO	PURCHASED	5/19/2009	6/30/2009
17	1888 KIMBERLY CLARK CORP	PURCHASED	1/08/2009	3/23/2009
18	4000 LIFE TECHNOLOGIES CORP	PURCHASED	4/28/2009	7/31/2009
19	3000 ELI LILLY & CO	PURCHASED	4/27/2009	8/10/2009
20	3000 MEDTRONIC INC	PURCHASED	4/27/2009	5/19/2009
21	1500 NORTHERN TR CORP	PURCHASED	4/27/2009	6/30/2009
22	18250 PROSHARES S&P 500 SHORT	PURCHASED	VARIOUS	VARIOUS
23	5500 ULTRASHORT S&P500 PROSHARES	PURCHASED	VARIOUS	VARIOUS
24	4212 SEQUENOM INC	PURCHASED	1/08/2009	2/02/2009
25	2282 SYSCO CORP	PURCHASED	1/08/2009	1/23/2009
26	2978 US BANCORP	PURCHASED	1/08/2009	VARIOUS
27	2000 WAL MART STORES INC	PURCHASED	5/18/2009	6/30/2009
28	10000 WHITNEY HOLDING CORP	PURCHASED	3/23/2009	6/30/2009
29	2000 WISDOMTREE MIDCAP DIVIDEND FD F	PURCHASED	1/08/2009	3/06/2009
30	6000 US STEEL CORP	PURCHASED	4/27/2009	7/29/2009

INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

72-0446138

STATEMENT 11 (CONTINUED)
FORM 990-PF, PART IV, LINE 1
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ITEM	(E) GROSS SALES	(F) DEPREC. ALLOWED	(G) COST BASIS	(H) GAIN (LOSS)	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I) - (J)	(L) GAIN (LOSS)
1	90,453.		189,889.	-99,436.				\$ -99,436.
2	12,741.		262,794.	-250,053.				-250,053.
3	246,222.		245,738.	484.				484.
4	405,778.		396,732.	9,046.				9,046.
5	57,760.		49,763.	7,997.				7,997.
6	52,593.		53,027.	-434.				-434.
7	31,220.		48,833.	-17,613.				-17,613.
8	41,866.		50,493.	-8,627.				-8,627.
9	67,644.		78,295.	-10,651.				-10,651.
10	83,102.		56,573.	26,529.				26,529.
11	77,086.		73,255.	3,831.				3,831.
12	37,791.		52,022.	-14,231.				-14,231.
13	86,143.		71,696.	14,447.				14,447.
14	214,124.		206,149.	7,975.				7,975.
15	248,124.		173,278.	74,846.				74,846.
16	84,873.		92,620.	-7,747.				-7,747.
17	86,555.		99,669.	-13,114.				-13,114.
18	182,915.		125,260.	57,655.				57,655.
19	101,697.		102,719.	-1,022.				-1,022.
20	96,628.		90,859.	5,769.				5,769.
21	80,953.		86,675.	-5,722.				-5,722.
22	1337296.		1427343.	-90,047.				-90,047.
23	392,651.		451,412.	-58,761.				-58,761.
24	86,178.		79,705.	6,473.				6,473.
25	53,410.		52,059.	1,351.				1,351.
26	48,593.		72,345.	-23,752.				-23,752.
27	97,197.		101,335.	-4,138.				-4,138.
28	91,396.		112,766.	-21,370.				-21,370.
29	43,410.		67,630.	-24,220.				-24,220.
30	228,276.		143,872.	84,404.				84,404.
TOTAL								\$ -350,131.

STATEMENT 12
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SR. ANTHONY BARCZYKOWSKI 1000 HOWARD AVENUE, SUITE 800 NEW ORLEANS, LA 70113	DIRECTOR 0	\$ 0.	\$ 0.	0.
J. STOREY CHARBONNET 639 LOYOLA AVENUE, SUITE 2775 NEW ORLEANS, LA 70113	TREASURER 0	0.	0.	0.

INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

72-0446138

STATEMENT 12 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DEENA GERBER 3330 W. ESPLANADE AVE, STE 600 METAIRIE, LA 70002	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
BERNADETTE D'SOUZA 1010 COMMON ST., STE 1400A NEW ORLEANS, LA 70112	DIRECTOR 0	0.	0.	0.
ELAINE JOSEPH, ED. D. 1305 BROADWAY NEW ORLEANS, LA 70118	DIRECTOR 0	0.	0.	0.
MARTIN DRELL, M.D. 210 STATE STREET NEW ORLEANS, LA 70118	DIRECTOR 0	0.	0.	0.
RUTH S. KULLMAN 1838 STATE STREET NEW ORLEANS, LA 70118	SECRETARY 0	0.	0.	0.
BONNIE GOLDBLUM 7436 HURST STREET NEW ORLEANS, LA 70118	DIRECTOR 0	0.	0.	0.
BEVERLY R. NICHOLS 111 VETERANS BLVD, STE 1700 METAIRIE, LA 70005	DIRECTOR 0	0.	0.	0.
JULIUS E. KIMBROUGH, JR. 6600 PLAZA DRIVE, STE 600 NEW ORLEANS, LA 70127	DIRECTOR 0	0.	0.	0.
RITA PEREIRA 1010 COMMON STREET, STE 1400A NEW ORLEANS, LA 70112	DIRECTOR 0	0.	0.	0.
SARAH NEWELL USDIN 200 BROADWAY, STE 108 NEW ORLEANS, LA 70118	DIRECTOR 0	0.	0.	0.
TED QUANT 7214 ST. CHARLES AVE. BOX 907 NEW ORLEANS, LA 70118	PRESIDENT 0	0.	0.	0.
KYSHUN WEBSTER, PH. D. 66 YOSEMITE DRIVE NEW ORLEANS, LA 70131	DIRECTOR 0	0.	0.	0.

2009

FEDERAL STATEMENTS

PAGE 6

INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

72-0446138

STATEMENT 12 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ELMORE RIGAMER, M.D., M.P.A. 1515 POYDRAS STREET, STE 1200 NEW ORLEANS, LA 70112	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
CHARLES ZEANAH, MD 1440 CANAL STREET TB-52 NEW ORLEANS, LA 70112	VICE PRESIDENT 0	0.	0.	0.
NANCY FREEMAN 1055 ST. CHARLES AVE, STE. 350 NEW ORLEANS, LA 70130	EXECUTIVE DIREC 40.00	90,000.	10,200.	0.
	TOTAL	\$ 90,000.	\$ 10,200.	\$ 0.

INSTITUTE OF MENTAL HYGIENE
72-0446138
DECEMBER 31, 2009

SCHEDULE 1

CONTRIBUTIONS, GIFTS, GRANTS PAID (FORM 990 PF PART 1, LINE 25 AND PART XV)

RECIPIENT'S NAME	RELATIONSHIP	FOUNDATION STATUS	PURPOSE OF GRANT	AMOUNT
St Mark's	None	501 (c) (3)	Mental Health Research & Services	50,000
Youth Empowerment Program	None	501 (c) (3)	Mental Health Research & Services	25,000
Children's Bureau	None	501 (c) (3)	Mental Health Research & Services	43,652
Langston Hughes School	None	501 (c) (3)	Mental Health Research & Services	243,780
NOLA Prep School	None	501 (c) (3)	Mental Health Research & Services	208,375
People's Institute	None	501 (c) (3)	Mental Health Research & Services	37,500
Recovery School District	None	501 (c) (3)	Mental Health Research & Services	7,575
Foundation for Science & Mathematics Education	None	501 (c) (3)	Mental Health Research & Services	60,000
University of New Orleans- Anxiety Clinic	None	501 (c) (3)	Mental Health Research & Services	22,500
LSU Nurse Family Partnership	None	501 (c) (3)	Mental Health Research & Services	86,250
Bright Minds Academy	None		<u>See Detail Schedule 3</u>	(4,118)
Hume Child Care Center	None	501 (c) (3)	Mental Health Research & Services	3,075
Royal Castle	None	501 (c) (3)	Mental Health Research & Services	2,770
Grace Child Care Center	None	501 (c) (3)	Mental Health Research & Services	223
Recovery School District	None	501 (c) (3)	Mental Health Research & Services	5,100
Stop Ignorance, Revitalize Ideas	None	501 (c) (3)	Mental Health Research & Services	1,700
Operation Reach	None	501 (c) (3)	Mental Health Research & Services	7,500
Priestly School	None	501 (c) (3)	Mental Health Research & Services	2,000
				<u>802,882</u>

• INSTITUTE OF MENTAL HYGIENE
72-0446138
DECEMBER 31, 2009

SCHEDULE 2

GRANTS AND CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT (FORM 990PF, PART XV)

RECIPIENT'S NAME	RELATIONSHIP	FOUNDATION STATUS	PURPOSE OF GRANT	AMOUNT
Tulane - Bright Start	None	501 (c) (3)	Mental Health Research & Services	<u>49,550</u>

The Institute Of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO 2008 FORM 990-PF
RETURN OF PRIVATE FOUNDATION

STATEMENT REQUIRED BY REG §53 4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Bright Minds Academy*
6836 Bundy Rd., Suite D
New Orleans, LA 70127

(2) Date Paid in Current Tax Year: June 14, 2008

(3) Total Paid: \$4,118.00

(4) Purpose: *This grant was in support of the purchase of Playground Equipment for the children in Bright Minds Academy, which provides subsidized child care to low income families through the Child Care Assistance Program*

(5) Amount of Grant Spent by Grantee: *None*

The grantee was fearful of loosing her lease and did not want to purchase and install equipment she might have to move later The full amount of the grant was refunded to IMH on January 12, 2009

(6) Diversion:

To the knowledge of the foundation, and based on the report furnished by the grantee, no part has been used for other than its intended purpose.

(7) Date of Report(s) Received from Grantee:

IMH received a report from Bright Minds Academy on January 12, 2009

(8) Verification (Optional and when applicable)

Institute of Mental Health FOUNDATION reviewed the Grant Report on January 12, 2009 but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53 4945-5(c))