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## Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury

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

2009

$\overline{}$		- vee- 2000 er tay year beginning	and ending				<del></del>
			and ending		<sub>T</sub>	<del></del>	·
G C	neck al	, <b>H</b>	turn of a former public	<u> </u>	. [	Final return	
			ress change	Name	change		<del> </del>
Use	the IRS		4773 Y T			oyer identification num	ber
	bel.	INSTITUTE FOR CHILDREN'S	MENTAL			-1491971	<del></del>
Oth	erwise,			·	B Telep	hone number (see page 1	0 of the instructions)
•	rint	Number and street (or P O box number if mail is not delivere	· ·	Room/suite	ļ		
	type.	C/O S EDMONDS 13001 E 17TI	H PL C	2000B	1	mption application is pend	·
	Specific	Only or town, basis, and 211 sees	00045		D 1. Fo	reign organizations, chec	k here
	uctions	- AURORA CO	80045			reign organizations meeti	
	-	pe of organization $X$ Section 501(c)(3) exempt private			85	% test, check here and at	tach computation
			le private foundation		-1 '	ate foundation status was	
		et value of all assets at end   J Accounting method.	X Cash Acci	ual	secuc	n 507(b)(1)(A), check her	e
		om Part II, col (c), Uther (specify)				foundation is in a 60-mon	
	e 16) 🕨		be on cash basis )	<del></del>	under	section 507(b)(1)(B), che	eck here
Pa	rt i	Analysis of Revenue and Expenses (The	(a) Revenue and expenses per	(b) Net in	voctment	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal	books	` '	ome	income	purposes
		the amounts in column (a) (see page 11 of the instructions) )			, <del></del>		(cash basis only)
		Contributions, gifts, grants, etc , received (attach schedule)	562,300				
	_	Check ► if the foundation is <b>not</b> required to attach Sch_B					
	3	Interest on savings and temporary cash investments	961		961		
	4	Dividends and interest from securities	94,609		94,609		
	5a	Gross rents					
ē	b	Net rental income or (loss)	·····				
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	-9,756	•••••			
Revenue		Gross sales price for all assets on line 6a				<i>.</i>	
Ř	7	Capital gain net income-(from Part 12 June 2)			0		
	l °					0	
		Income modifications  Gross sales less returns & allowances / 1 9 2010					
	10a						
	l	Less Cost of goods Sold			·····		
		Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) CTMT 1	-38,521	_	38,521		
	12	Total. Add lines 1 through 11	609,593		57,049	0	
S	13	Compensation of officers, directors, trustees, etc	150,000			<del></del>	<del></del>
enses	14	Other employee salaries and wages					
	15	Pension plans, employee benefits	9,049				
Ä	16a	Legal fees (attach schedule)	705				<del></del>
e	b	Accounting fees (attach schedule) STMT 2	725			·-·	-
and Administrative Exp	C	Other professional fees (attach schedule) STMT 3	1,200		12 000		
ij	17	Interest	12,000		12,000		-
ງ ≃ຶ	18	Taxes (attach schedule) (see page 14 of the instructions) STMT 4	180	<del> </del>	180		
dmir	19	Deprecation (attach schedule) and depletion STMT 5	3,432	<del></del>			-
y P	20	Occupancy .	25 102			·	
g	21	Travel, conferences, and meetings	35,103				<u> </u>
	22	Printing and publications	0.100				ļ
g u	23	Other expenses (att. sch.) STMT 6 STMT 7	8,109	<b></b>			
ati	24	Total operating and administrative expenses.	210 700		10 100	1	
Operating		Add lines 13 through 23	219,798		12,180		263 960
Ö	25	Contributions, gifts, grants paid	263,960		10 100	-	263,960
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	483,758	<del> </del>	12,180		263,960
5	27	Subtract line 26 from line 12	105 005	1			1
)	a	Excess of revenue over expenses and disbursements	125,835	ļ	44 060		-
	b	Net investment income (if negative, enter -0-)		<del>                                     </del>	44,869		<del>}</del>
	С	Adjusted net income (if negative, enter -0-)	<u> </u>	L	<u> </u>	1 (	0

orm 990	PF (2009) INSTITUTE FOR CHILDREN'S MENTAL	84-149197	·	Page 2
Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year End of y		
should be for end-of-year amounts only (See instructions )		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	86,969	330,319	330,319
2	Savings and temporary cash investments	341,229	193,298	193,298
3	Accounts receivable ▶ .	ļ		
ł	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶ .	1	1	
}	Less allowance for doubtful accounts ▶			.,
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the			
	instructions) .			
7	Other notes and loans receivable (att. schedule)			
l	Less allowance for doubtful accounts ▶			
8	Inventories for sale or use			
8 9 10a	Prepaid expenses and deferred charges			
10a	Investments—U.S. and state government obligations (attach schedule)			
b	Investments—corporate stock (attach schedule) SEE STMT 8	2,151,880	2,183,963	2,358,35
C	Investments—corporate bonds (attach schedule)		······	······································
11	Investments—land, buildings, and equipment, basis		,	
i	Less accumulated depreciation (attach sch.)			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis			
	Less accumulated depreciation (attach sch.)			
15	Other assets (describe ► SEE STATEMENT 9 )	11,667	10,000	10,00
16	Total assets (to be completed by all filers—see the			
	instructions Also, see page 1, item I)	2,591,745	2,717,580	2,891,97
17	Accounts payable and accrued expenses			
18	Grants payable			
19 20 21	Deferred revenue	_		
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶ )			
23	Total liabilities (add lines 17 through 22)	0	0	
0	Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
25	Temporarily restricted			1
26	Permanently restricted	·		1
2 2	Foundations that do not follow SFAS 117, check here			1
24 25 26 27 28 29 30	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund	-		1
29	Retained earnings, accumulated income, endowment, or other funds	2,591,745	2,717,580	5
30	Total net assets or fund balances (see page 17 of the			1
	instructions)	2,591,745	2,717,580	
31	Total liabilities and net assets/fund balances (see page 17	,,===,,	, ,	1
"	of the instructions)	2,591,745	2,717,580	
Part	······		2, 12.,300	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)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

6 2,717,580

Form 990-PF (2009)

Da	a	_	3

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income			
	be the kind(s) of property sold (e.g., real estate, shouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a ALLEN ARBITRAGE	ALLEN ARBITRAGE LP P 01				12/31/09
b ALLEN ARBITRAGE	LP		P	12/31/03	3 12/31/09
С					
d					
е			<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis bense of sale		s (f) minus (g)
a			658		-658
b			9,098	·	-9,098
С					
d	· · · · · · · · · · · · · · · · · · ·				
θ					
Complete only for assets showin	g gain in column (h) and owned by the fo	oundation on 12/31	/69	(I) Gains (i	Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	ess of col. (i) ol (j), if any		not less than -0-) or s (from col (h))
a					-658
b					-9,098
С					
d					
е					
2 Capital gain net income or (net c	apital loss)  If gain, also enter in If (loss), enter -0- in			2	-9,756
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6	_			
	, column (c) (see pages 13 and 17 of the	·			
If (loss), enter -0- in Part I, line 8	· · · · · · · · · · · · · · · · · · ·	` <b>_</b>		3	
	nder Section 4940(e) for Reduc	ced Tax on Ne	t Investment Inco	me	
If section 4940(d)(2) applies, leave the	e foundations subject to the section 4940 his part blank. ction 4942 tax on the distributable amour		_	es X No	
If "Yes," the foundation does not qua	alify under section 4940(e). Do not comp	lete this part			
1 Enter the appropriate amount in	each column for each year, see page 18	3 of the instructions	s before making any er	ntries	
(a)  Base penod years  Calendar year (or tax year beginning	(b)		(c) ue of nonchantable-use as		(d) Distribution ratio (b) divided by col (c))
2008		,658	2,633,		0.051142
2007		,000	2,585,		0.040606
2006		,500	2,135,		0.043786
2005		,598	1,921,		0.078372
2004		.,750	1,927,		0.026844
2 Total of line 1, column (d)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2	0.240750
	5-year base period—divide the total on	line 2 by 5, or by the	ne	-	<u></u>
-	has been in existence if less than 5 year			3	0.048150
4 Enter the net value of noncharita	able-use assets for 2009 from Part X, lin	e 5		4	2,649,937
5 Multiply line 4 by line 3				. 5	127,594
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			. 6	449
7 Add lines 5 and 6				7	128,043
8 Enter qualifying distributions fro	m Part XII, line 4 an line 7, check the box in Part VI, line 1	h and complete the	int part uning a 40/ 4	sate See the	263,960
Part VI instructions on page 18	an line 1, Gleck the pox in Part VI, lifle I	o, and withhele th	et part using a 1% tax	iale. See the	

om	990-PF (2009) INSTITUTE FOR CHILDREN'S MENTAL 84-1491971					Pa	ge <b>4</b>
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	8 of the	instru	ctions)			
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	$\neg \neg$					
	Date of ruling or determination letter (attach copy of letter if necessary—see instruction	ns)					•
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<b> </b>	1			4	<u>49</u>
	here ► X and enter 1% of Part I, line 27b	- 11					_,
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		1				
_	Part I, line 12, col (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			4	49
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			4	49
6	Credits/Payments			······			
		, 958		•			
a		7330					
b	Exempt foreign organizations—tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c  6b					•	- 1
C							,
d -	Business training entertaining		,			4,9	158
7	Total credits and payments Add lines 6a through 6d		7 8			<del>- 1   2</del>	, , ,
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		<del></del>				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			<u>л</u> г	.00
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			4,5	903
11	Enter the amount of line 10 to be Credited to 2010 estimated tax 4,509 Refund	ded ▶	11	<u> </u>			
Pa	rt VII-A Statements Regarding Activities			I			<u> </u>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				-	Yes	No_v
	participate or intervene in any political campaign?			}	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				_	- 1	37
	of the instructions for definition)?				1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				- [	1	,
	published or distributed by the foundation in connection with the activities			/_	•	-	
C	Did the foundation file Form 1120-POL for this year?			N/A	1c		
d							
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers 🕨 💲						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities						
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? If "Yes," attach a conformed copy of the changes				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	-		5		Х
	If "Yes," attach the statement required by General Instruction T.			-			
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?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (	c), and P	art XV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	•					
	instructions) ▶ CO						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		•				
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation				8b	Х	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	•	•• •	•			
9	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page						1
					_		x
4	27)? If "Yes," complete Part XIV				9		┝≏
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	Спит	10		1	Х	1
	names and addresses	STMT	10		10		10000
				Fo	ım 99	U-PF	(2009

Form	n 990-PF (2009) INSTITUTE FOR CHILDREN'S MENTAL 84-1491971			Pa	age <b>5</b>
	art 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 page 20 of the instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	j			
	August 17, 2008?		12	]	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. Į	13	Х	
	Website address ► WWW.CHILDRENSMENTALDISORDERS.ORG				
14	The books are in care of ▶ STEPHEN A EDMONDS Telephone no ▶ 3	03-7	24 -	495	5
	13001 E 17TH PLACE, ROOM C2000B				
	Education 1101to121, Co	30045			. —
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	1		]	▶ _
	and enter the amount of tax-exempt interest received or accrued during the year				
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del> r		V I	NI.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	}		Yes	No
1a		7		1	1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes	∐ No		<i>′</i>	;
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	7 [	.	-	. #
	disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes 2	No No		1	
	- 1-7 · · · · · · · · · · · · · · · · · · ·	:		1	
		7 40	-		
	(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	Nο			,
		7) 110			
	(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				
		∑ No			
b	me me a constant of the left o	<u></u>			
D	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b		1
	Organizations relying on a current notice regarding disaster assistance check here	<b>▶</b> []	-1-	[	
С	But for the control of the control of the standard or the stan				
·	were not corrected before the first day of the tax year beginning in 2009?	N/A	1c		
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))			f	
а	and the second of the second o	_			
		X No		Ī	
	If "Yes," list the years ▶ 20 , 20 , 20				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			Ī	
	(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 page 20 of the instructions)	N/A	2b	<u> </u>	<u> </u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				1
	<b>▶</b> 20 , 20 , 20			I	
38					
	2. any mine seeing me year	X No		I	
t				ŧ	1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	27/2		Ī	
	foundation had excess business holdings in 2009)	N/A	3b	<del> </del> —	1,,
48			4a	₽	X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			ŧ	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b	1	X

om	990-PF (2009) INSTITUTE F	<u>OR CHILDREN'S MENT</u>			<u>491971                                  </u>					Pa	<u>age 6</u>
	urt VII-B Statements Regard	ing Activities for Which Fo	m 4720 May	Be Re	equired (co	ntinu	ed)				
5a	During the year did the foundation pay							T			
	(1) Carry on propaganda, or otherwise		ion 4945(e))?	_		Yes	X No	,		i	
	(2) Influence the outcome of any speci			-	_		_		1		
	directly or indirectly, any voter regis	tration drive?				Yes	X No	<b>,</b>	I	1	
	(3) Provide a grant to an individual for	travel, study, or other similar purpose	es?			Yes	X No	,	ı	-	
	(4) Provide a grant to an organization	other than a charitable, etc., organiza	ition described in		_		_		ı		
	section 509(a)(1), (2), or (3), or sec	tion 4940(d)(2)? (see page 22 of the	instructions)			Yes	X No	,	I		
	(5) Provide for any purpose other than						_		I		
	purposes, or for the prevention of o	ruelty to children or animals?				Yes	X No	·	ł	- 1	
b	If any answer is "Yes" to 5a(1)-(5), did	any of the transactions fail to qualify	under the except	ions de	scribed in				ı	1	
	Regulations section 53 4945 or in a cui	rent notice regarding disaster assist	ance (see page 2	2 of the	instructions)?	•	_N/.	ΑL	5b		
	Organizations relying on a current notic	e regarding disaster assistance che	ck here			)	• [_]		I	- 1	
С	If the answer is "Yes" to question 5a(4)	, does the foundation claim exemption	on from the tax						ı	1	
	because it maintained expenditure resp	onsibility for the grant?			N/A L	Yes	L No	<b>&gt;</b>		1	
	If "Yes," attach the statement required	by Regulations section 53 4945-5(d)							I	- 1	1.
6a	Did the foundation, during the year, red	• •		ı					Ī		
	on a personal benefit contract?	•				Yes	X No	•	ŧ	ŧ	
b	Did the foundation, during the year, pa	premiums, directly or indirectly, on	a personal benef	it contra	act?			L	6b		X
	If "Yes" to 6b, file Form 8870	·					_			-	
7a	At any time during the tax year, was th	e foundation a party to a prohibited to	ax shelter transac	tion?		Yes	X N	۰L		-	
b	If yes, did the foundation receive any p	roceeds or have any net income attr	butable to the tra	nsactio	n?		N/.		7b		
P	art VIII Information About C	Officers, Directors, Trustees	, Foundation	Mana	igers, High	ly Pa	id Emp	loye	es,		
	and Contractors										
1	List all officers, directors, trustees, for	ndation managers and their comp	ensation (see pa	ge 22 c	of the instruct	ions).					
	(a) Name an	d address	(b) Title, and hours per v devoted to p	week	(c) Compensatio (If not paid, enti- -0-)		) Contribution employee ben lans and defe compensatio	nefit rred		pense a r allowa	
_						-	Compensation	<del>"</del> —			
S	EE STATEMENT 11							- 1			
		<del></del>	<del></del>			+		- t			
	•							ł			
						$\neg$					
	•					i					
						İ		ļ			
2	Compensation of five highest-paid e	mployees (other than those includ	ed on line 1—se	e page	23 of the inst	uction	s).				
_	If none, enter "NONE."	,									
	(a) Name and address of each em	ployee paid more than \$50,000	(b) Title, and hours per devoted to	week	(c) Compensation	<u>,   `</u>	i) Contributor employee beal ans and defe compensate	nefit erred		opense a	account, ances
S	TEPHEN A EDMONDS	CENTENNIAL	EXEC DIF	<b>1</b>							
	3678 E WEAVER PL	CO 80111	40.00		150,0	000		0			c
	<u> </u>	·									
			.								
_							_				
			1								
		<u>-</u>			<u> </u>				L		
Tot	at number of other employees haid over	\$50,000							<b>•</b>	• I	0

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Part VIII Information About Officers, Directors, Trustees, Foundaries and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see page 23	of the instructions). If none, enter "NON	E."
(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		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical organizations and other beneficianes served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page	24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on line		Amount
1 N/A		
•		
2		
· · · · · · · · · · · · · · · · · · ·		
All other program-related investments. See page 24 of the instructions		
<b>.</b>		
Total. Add lines 1 through 3	<b>•</b>	

Total. Add lines 1 through 3

Part X		Minimum Investment Return (All domestic foundations must complete this part. Foresee page 24 of the instructions.)	eign f	oundations,
1	Fair mark	set value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes			
а	Average	monthly fair market value of securities	1a	2,199,225
b	Average	of monthly cash balances	1b	476,066
С	Fair mark	tet value of all other assets (see page 24 of the instructions)	1c	15,000
ď	Total (ad	d lines 1a, b, and c)	1d	2,690,291
е		n claimed for blockage or other factors reported on lines 1a and		
		n detailed explanation)	-	
2	Acquisition	on indebtedness applicable to line 1 assets	2	0
3		line 2 from line 1d	3	2,690,291
4	Cash de	emed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instru		4	40,354
5	Net valu	e of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,649,937
6		n investment return. Enter 5% of line 5	6	132,497
P	art XI	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perati	
		foundations and certain foreign organizations check here	•	
1	Minimum	investment return from Part X, line 6	1	132,497
2a	Tax on ir	ivestment income for 2009 from Part VI, line 5		
ь		ax for 2009 (This does not include the tax from Part VI.)		
С		2a and 2b	2c	449
3		able amount before adjustments. Subtract line 2c from line 1	3	132,048
4		es of amounts treated as qualifying distributions	4	
5	Add lines		5	132,048
6		n from distributable amount (see page 25 of the instructions)	6	
7		table amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1		7	132,048
P	art XII	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts	paid (including administrative expenses) to accomplish charitable, etc., purposes	ŧ	
а	Expense	s, contributions, gifts, etc —total from Part I, column (d), line 26	1a	263,960
b	Program	-related investments—total from Part IX-B	1b	L
2	Amounts	paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purpose		2	
3	Amounts	s set aside for specific charitable projects that satisfy the.		
а	Suitabili	y test (pnor IRS approval required)	3a	
b	Cash dis	stribution test (attach the required schedule)	3b	
4	Qualifyi	ng distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	263,960
5	•	ions that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		6 of Part I, line 27b (see page 26 of the instructions)	5	449
6		d qualifying distributions. Subtract line 5 from line 4	6	263,511
		e amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	
		valifies for the section 4940(e) reduction of tay in those years		

Form 990-PF (2009) INSTITUTE FOR CHILDREN'S MENTAL

84-1491971

Page 9

₽ŧ	irt XIII Undistributed Income (see page	26 of the instructions)			
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				132,048
2	Undistributed income, if any, as of the end of 2009				
а				1,366	
þ	· / · · · · · · · · · · · · · · · · · ·				
3	Excess distributions carryover, if any, to 2009.				
а	From 2004				
b	From 2005				
C	From 2006				
d	From 2007			:	
e	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,	[		:	
	line 4 ▶ \$263,960				,
а	Applied to 2008, but not more than line 2a			1,366	
þ	Applied to undistributed income of prior years	·		:	
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				···
	Applied to 2009 distributable amount			:	132,048
	Remaining amount distributed out of corpus	130,546			
5	Excess distributions carryover applied to 2009				
	(if an amount appears in column (d), the same	<u> </u>			
_	amount must be shown in column (a))	į į			
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	130,546			····
þ	Prior years' undistributed income Subtract	[		<u> </u>	
	line 4b from line 2b			:	
С	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				······································
a	Subtract line 6c from line 6b Taxable				
_	amount—see page 27 of the instructions Undistributed income for 2008 Subtract line			·	
Ð	4a from line 2a Taxable amount—see page				
	27 of the instructions	<u>[</u>			
f	Undistributed income for 2009 Subtract lines				<u> </u>
•	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 page 27 of the	1			
	instructions)				
8	Excess distributions carryover from 2004 not				<del></del>
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				<del></del>
	Subtract lines 7 and 8 from line 6a	130,546			•
10	Analysis of line 9	, , , , , , , , , , , , , , , , , , , ,			······································
а	Excess from 2005			1	•
b	Excess from 2006				
C	Excess from 2007			1	
d	Excess from 2008	, ,			
е	Excess from 2009	0,546			

	unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
а	The name, address, and telephone number of the person to whom applications should be addressed $N/A$	
b	The form in which applications should be submitted and information and materials they should include $N/A$	
С	Any submission deadlines. $N/A$	
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors. $N/A$	
AA		Form <b>990-PF</b> (20

Part XV Supplementary Information (Co	ontinued)	<del> </del>		
3 Grants and Contributions Paid During the	e Year or Approved for F	uture Payment		•
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year UNIV OF CO FOUNDATION 4740 WALNUT ST BOULDER CO 80301	NONE SUPPORT RESEA	EXEMPT ARCH OF MENTA	L ILLNESS	261,960
MHA OF COLORADO 1385 S COLORADO BLVD #610 DENVER CO 80222	NONE SUPPORT RESEA	EXEMPT RCH OF MENTA	L ILLNESS	2,000
Total	<u> </u>		▶ 3a	263,960
b Approved for future payment N/A				
Total		<u> </u>	<b>▶</b> 3b	

Form 990-PF (2009) INSTITUTE FOR CHILDREN'S MENTAL 84-1491971 Page 12 **Analysis of Income-Producing Activities** Part XVI-A Unrelated business income Excluded by section 512, 513, or 514 (e) Enter gross amounts unless otherwise indicated Related or exempt (c) function income (d) Amount Exclusion code Business code Amount (See page 28 of the instructions) 1 Program service revenue Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 14 961 14 94,609 Dividends and interest from securities 5 Net rental income or (loss) from real estate: Debt-financed property Not debt-financed property 6 Net rental income or (loss) from personal property Other investment income 14 -9,756 Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a b ALLEN ARBITRAGE ORD BUS 14 -4,861 c ALLEN ARBITRAGE SEC 14 -33,660 ol 47,293 12 Subtotal Add columns (b), (d), and (e) 13 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the V instructions) N/A

11111	990-PF (2						<u> </u>				Pag	ge 13
Pa	rt XVII	Information Rega Exempt Organiza		nsfers To ar	nd Transactio	ns an	d Relations	nips With N	oncharita	ble		_
1	Did the or	ganization directly or ind		e in any of the fo	llowing with any	other or	ganization descr	ibed	<del></del>		Yes	No
•		501(c) of the Code (other								7		
	organizati	· ·		., ee . (e,(e, e, e,ge			_,, , , , , , , , , , , , , , , , , , ,					ĺ
2	-	from the reporting found	ation to a noi	acharitable even	ont organization o	of.						
a		from the reporting round	ation to a noi	iciiai itable exeli	ipt organization c	"				12(4)	: :	v
	(1) Cash									1a(1)		X
	(2) Other									1a(2)	:	<u> </u>
D	Other tran									1	:	v
	. •	of assets to a nonchanta	-	-						1b(1)		X
	• •	ases of assets from a no			tion		•			1b(2)		X
	(3) Renta	I of facilities, equipment,	or other ass	ets						1b(3)		X
	(4) Reiml	oursement arrangements	5	•	•				•	1b(4)		X
	(5) Loans	or loan guarantees								1b(5)		X
	(6) Perfo	mance of services or me	embership or	fundraising solid	citations					1b(6)		X
C	Sharing o	f facilities, equipment, m	ailing lists, ot	her assets, or p	aid employees					1c		X
d	If the ansi	wer to any of the above i	s "Yes," com	plete the followi	ng schedule Colu	ımn (b)	should always s	how the fair ma	rket			
	value of the	ne goods, other assets, o	or services gi	ven by the repor	ting foundation if	the fou	indation received	l less than fair	market			
	value in a	ny transaction or sharing	arrangemen	t, show in colum	n (d) the value o	f the go	ods, other asset	s, or services re	eceived			
(	a) Line no	(b) Amount involved		f nonchantable ex			(d) Description of the			ng arrange	ements	
1/2	<u> </u>											
										-		
						1						
		<del> </del>				$\vdash$						
		<del></del>				<del> </del>			<del></del> -			
-		<del></del>				+-		<del></del>				
		<del></del>				+			<del></del>			
	<del></del>	<del></del>				<del>                                     </del>						—
		<del></del>		<del></del>		+						
								· · ·			_	
						<b>↓</b>						
						<del> </del>						
						<b>-</b>				_		
						<u> </u>						
						. <u> </u>						
2a	Is the fou	ndation directly or indire	ctly affiliated	with, or related t	o, one or more ta	x-exem	pt organizations					
	described	in section 501(c) of the	Code (other	than section 50°	I(c)(3)) or in secti	on 5271	?			_	es 🛭	No
b	If "Yes,"	complete the following so	chedule									_
		(a) Name of organization		(b) Type o	f organization			(c) Description o	relationship	-		
	N/A	······································										
					<del></del> -	1	-				_	
						<del>                                     </del>						
						+						
	<del></del>	<del> </del>				+						
l	Under pen belief, it is	alties of perjury, I declare that true, correct, and complete	at I bave examinated beclaration of the	ned this return, incl preparer (other)tha	uding accompanyin n taxpaver or fiducia	g schedu ry) is bas	iles and statements sed on all informati	s, and to the best on of which prena	ot my knowied rer has anv kr	ige and nowledge		
Į	12	XI.11. CI	//		W. 1	.1.	<b>L</b>	rc i.		i	_	
		JULUCCO	m	<u> </u>		5/10	_ •	12 Executi	$\mathbf{x} \mathbf{D} \mathbf{u}$	<i>lecto</i>		
Sign Here	Signa	ture of officer or trustee			Date		<u> </u>	ınde		<del></del>		
ĭ	İ	. 101	111	M A	11		Date	_ Check if		eparer's ident mber (see Si		e on
딞	જુ≥	Preparer's ///			11/1	<b>5</b>	11-15-1	self-employed	pə Də	ge 30 of the ii	nstructio	ns)
ิดีไ	Paíd Preparer's Use Only	signature	<u> </u>	U Com			111		F	0023	<u>671</u>	3
	9 9 8	Firm's name (or yours if	<b>ŖUBINE</b>	•	LP /	1						
	₹ ⊃	self-employed), address,	<u> 1660 I</u>	LINCOLN :	STREET, \2	UIT	E 2000		EIN ▶ 4	<u>3-076</u>	<u> 553</u> :	16
		and ZIP code	DENVE	ER, CO	80264-200	)1			Phone no 3			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

**Employer identification number** Name of the organization INSTITUTE FOR CHILDREN'S MENTAL 84-1491971 **DISORDERS** Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and H For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

or 990-PF)

Page 1 of 2 of Part I

Name of organization

Employer identification number

84-1491971 INSTITUTE FOR CHILDREN'S MENTAL Part I Contributors (see instructions) (d) (c) (a) Type of contribution **Aggregate contributions** Name, address, and ZIP + 4 No. 1 VIERRA FAMILY FOUNDATION Person 77 GLENMOOR DR Payroll 51,400 Noncash CO 80113 **ENGLEWOOD** (Complete Part II if there is a noncash contribution ) (d) (b) (c) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person 2 RICHARD SAUNDERS Payroll 1530 E OXFORD LANE 25,150 Noncash **ENGLEWOOD** CO 80113 (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 3 STEPHEN BRETT Person Pavroil 45 BELLEVUE DRIVE 25,200 Noncash CO 80302 BOULDER (Complete Part II if there is a noncash contribution) (d) (a) (b) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. PATTY & DONALD COOK Person 4 **Payroll** 56 CHARLOU CIRCLE 25,700 Noncash **ENGLEWOOD** CO 80111 (Complete Part II if there is a noncash contribution) (d) (a) (b) (c) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. 5 THE ANSCHUTZ FOUNDATION Person Payroll 1727 TREMONT PLACE 300,000 Noncash CO 80202-4006 **DENVER** (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) No. Name, address, and ZiP + 4 Aggregate contributions Type of contribution KERN FAMILY FOUNDATION 6 Person 31 ALBION PLACE Payrol! 72,974 Noncash CASTLE ROCK CO 80108 (Complete Part II if there is a noncash contribution )

Page 2 of 2 of Part I

Name of organization
INSTITUTE FOR CHILDREN'S MENTAL

Employer identification number

84-1491971

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	LYNDIA AND CANNON HARVEY 236 DEXTER STREET  DENVER  CO 80220	\$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	BLAIR RICHARDSON 1490 LAFAYETTE STREET SUITE 450 DENVER CO 80218	\$ 25,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

32124 INSTITUTE FOR CHILDREN'S MENTAL

84-1491971

**Federal Statements** 

FYE: 12/31/2009

## Statement 12 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		Amount
RICHARD SAUNDERS - 2002	\$	150,014
RICHARD SAUNDERS - 2006		101,000
RICHARD SAUNDERS - 2007		50,000
RICHARD SAUNDERS -2008		25,000
RICHARD SAUNDERS -2009		25,150
JEROME AND MARY ROSSICK KERN - 1999		877,975
JEROME AND MARY ROSSICK KERN - 2002		50,000
JEROME KERN - 2004		50,000
STEPHEN BRETT AND LINDA SHOEMAKER - 2007		30,000
STEPHEN BRETT AND LINDA SHOEMAKER - 2008		25,000
STEPHEN BRETT AND LINDA SHOEMAKER - 2009		25,200
GERALD GAINES - 2005		50,000
GERALD GAINES - 2007		25,000
GERALD GAINES - 2008		25,000
NANCY GARY - 2007		25,000
KRISTEN AND BLAIR RICHARDSON - 2007		25,000
KRISTEN AND BLAIR RICHARDSON - 2009		25,000
ROXANNE AND FRED VIERRA - 2007	_	50,000
TOTAL	\$	1,634,339

Form **4562** 

Name(s) shown on return

Department of the Treasury Internal Revenue Service

INSTITUTE

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172 2009

Identifying number

► See separate instructions.

FOR CHILDREN'S MENTAL

► Attach to your tax return.

2009 Attachment Sequence No 67

	DISORDE	RS						84-1	149	1971
usine	ss or activity to which this form relates									
IN	DIRECT DEPRECIATI									
Pai										
	Note: If you have a				<u>efore you</u>	com	plete Pa	ırt I.	<del></del>	250 200
	Maximum amount See the instruct			ses				-	1	250,000
	Total cost of section 179 property p							}	2	3,432
	Threshold cost of section 179 prop			structio	ons)			}	3	800,000
	Reduction in limitation Subtract lin							}	4	250 000
	Dollar limitation for tax year Subtract line								5	250,000
6	(a) Description			b) Cost	(business use		(C) E	ected cost	423	
	OFFICE FURNITURE	<u>.                                    </u>			3,4	32		3,4	432	
						7	<del></del>			
7	Listed property Enter the amount f		(a)	- C	L	/		7	8	3,432
8	Total elected cost of section 179 pe			s o and	1 /				9	3,432
9	Tentative deduction Enter the sma								10	<u> </u>
10	Carryover of disallowed deduction Business income limitation. Enter t			than 7	oro) or line 5	(000.1	netruction	c)	11	0
11	Section 179 expense deduction A					(566)	iistiuction	3)	12	0
12	Carryover of disallowed deduction				,,, ▶ [	13		3	432	
13 Note:	Do not use Part II or Part III below								1,52	
	rt If Special Depreciati			eciatio	on (Do no	t incl	ude liste	ed prope	ertv )	(See instr.)
14	Special depreciation allowance for									
	during the tax year (see instruction			,,,,					14	
15	Property subject to section 168(f)(								15	
16	Other depreciation (including ACR								16	
	rt III MACRS Depreciat		ude listed prope	erty.) (	See instru	uction	าร.)			
			Sectio							
17	MACRS deductions for assets place	ced in service in tax	years beginning bef	fore 200	9			_	17	0
18_	If you are electing to group any assets p								<u> </u>	
	Section B—A	Assets Placed in Se	<del></del>		ar Using the	Gene	ral Depre	ciation Sy	ystem	т
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreced (business/investment only-see instructions)	nt use	(d) Recovery period	(e) C	onvention	(f) Met	thod	(g) Depreciation deduction
19a	3-year property	1					_			
<u>b</u>	5-year property									
<u> </u>	7-year property									
<u>d</u>	10-year property	<u> </u>								
е	15-year property				<u> </u>					
<u>f</u>	20-year property	_				<b></b>				***
<u>g</u>	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs.		MM	S/L		
	property	<u>.                                    </u>	<u> </u>		27 5 yrs		MM	S/L		
i	Nonresidential real	<u> </u>			39 yrs		MM	S/L		
	property Section C. A.	ssets Placed in Ser	vice During 2009 To	2 Y Y 2 2	r Using the	Altorn	MM ative Den	S/I		<u></u>
		ssets Flaced III Serv	Vice During 2009 17	ax rea	Comy the A	Titerra	auve Deb	1		
	Class life	-{		·	12 vm	├		S/I S/I		
	12-year	<del>-</del>			12 yrs	$\vdash$	MM	S/		
	40-year  art IV Summary (See ins	etructions \	<del>L </del>		40 yrs.	<u> </u>	IVIIVI	3/	<u> </u>	
	Listed property Enter amount from		<del></del>		<del></del>				21	· · · · · · · · · · · · · · · · · · ·
21 22	Total. Add amounts from line 12,	•	lines 19 and 20 in a	Column	 (n) and line	21 Fr	ter here		1	
44	and on the appropriate lines of yo	-					11016		22	
23	For assets shown above and place					<u> </u>	<u>-</u>	•		· · · · · · · · · · · · · · · · · · ·
	portion of the basis attributable to		January your, on			23				
	perman or the basis attributable to		<del></del>				<del></del>			

			CHILDREN'	S MENT	ΓAL		84-1	4919	71							D '
	1562 (2009 FEV	<i>'</i>	erty (Include a	automobi	les cer	tain o	ther ve	hicles	cellul	ar teler	hone	s cert	ain co	mpute	rs and	Page 2
, 44	•••	property use	d for entertain	nment, re	creation	n, or a	amuse	ment.	)						10, 4110	•
		Note: For any ve	ehicle for which you	ou are using	the stan	dard m	uleage ra	ite or de	educting le	ease exp	ense, c	omplete	only 2	4a,		
			—Depreciation a							for limits	for pa	ssenger	automo	obiles)		
24a	Do you ha		ort the business/inve			1	Yes	No		"Yes," is					Yes	T No
	(a)	(b)	(c)	(d)		Τ,	(e)		(1)		3)	1	(h)		(i)	
Туре	f property	Date placed in	Business/ investment use	Cost or			s for depre		Recovery	Met	hod/	1	epreciati		Elected	section
	rehicles	service	percentage	bas	18	(bus	ness/inve use only		penod	Conv	ention	- 1	deductio	n	179	cost
25	Special	depreciation allow	ance for qualified	listed propo	erty place	d in se	rvice du	ing the								
	tax year	and used more th	an 50% in a quali	ified busine	ss use (se	ee insti	ructions)	•			25	1			<u>:</u>	
26			50% in a qualified													
		<del></del>														
			%									1				
				_				<del></del>								
			%			1						<u> </u>				
27	Property	used 50% or less	s in a qualified bus	siness use												
			%		·					S/L-					É	
			1									1			Ė	
			%						<u> </u>	S/L-					Ė	
28	Add amo	ounts in column (h	n), lines 25 throug	h 27 Enter	here and	on line	21, pag	e 1			28	1			Ė	
29	Add amo	ounts in column (i	), line 26. Enter he	ere and on	line 7, pa	ge 1								29	Ĺ	
					tion B—I											
Com	plete this	section for vehicle	es used by a sole	proprietor,	partner, c	or other	more t	nan 5%	owner," o	r related	person	If you p	orovide	d vehicle	s	
to you	r employed	es, first answer the q	uestions in Section (	to see if you	u meet an e	exception	n to comp	eting this	s section to	r tnose ve	nicies				<del></del>	
30	Total bu	siness/investmen	t miles driven		(a)	)	(1	<b>)</b>	(c)	)	(d	)	(	e)	(1	f)
	during th	ne year (do not in	clude		Vehic	de 1	Veh	cle 2	Vehic	le 3	Vehic	de 4	Veh	icle 5	Vehi	cle 6
		ıng miles)					<del>                                     </del>		<b>├</b>						<del></del>	
31		•	iven during the ye		<u> </u>				<del> </del>			<del></del> -			├──	
32			commuting) miles	driven			<del> </del>		<del> </del>						<del></del>	
33		les driven during f	the year. Add				j									
		through 32			<u> </u>		<u> </u>		<del> </del>	<del></del>				т	<del> </del>	
34		vehicle available	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ng off-duty hours'			$\vdash$		-							<del> </del>	<del>                                     </del>	<del>                                     </del>
35		vehicle used prir								ł						
20		an 5% owner or re		-2	1		<del>                                     </del>		<del> </del>					†	<del> </del>	╁
<u>36</u>	is anoth	ier verncie avaliau	le for personal us			140-	. Dunid		1 6 ()		aia Ema			<del>ــــــــــــــــــــــــــــــــــــ</del>		<u> </u>
Ancu	var thaca	augstions to date	Section C—Que rmine if you meet										re not			
			d persons (see ins		on to con	pietnig	Gection	D IQI V	emoies as	ied by cit	iipioyee	.s will a	10 1101			
37			policy statement		its all ner	Sonal II	se of ve	ncles i	ncludina d	ommutir	na by				Yes	No
٠.	•	ployees?	policy statement	that promb	ns an per	SOMAI U	13C OI VC	110100, 1	noidaing (		·9, •,				1.55	<del> </del>
38	•		n policy statement	that prohib	its nersor	nal use	of vehic	es exc	ent comm	iutina, by	vour				$\vdash$	<del> </del>
••	•		ructions for vehicle	· ·	-											
39			hicles by employe	-	-		,	,	. ,			•				t
40	-		n five vehicles to	•			rmation 1	rom voi	ur emplov	ees abou	ut the		•			<del>                                     </del>
••	•	=	retain the informat					, ,	<b>,</b>							
41		•	ments concerning		•	demor	stration	use? (S	See instru	ctions.)		• •				
	•	•	7, 38, 39, 40, or 4	•				-		-	S.	•		•		
P	art VI	Amortization					0,0,011011									
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		(a)		(b Date am	o) ortization		Am	(c) ortizable		(d) Cod		Amortiza penod		Amortiz	(f) ation for th	his vear
		Description of cos	its	beg				mount		section		percent				,
42	Amortiz	ation of costs tha	t begins during yo	our 2009 tax	year (se	e instri	ictions)			·						
						T										
43	Amortiz	ation of costs tha	t began before yo	ur 2009 tax	year								43		1	.,66
44			olumn (f) See the		-	e to re	port						44			,66

## <del>1</del>4

180

180 180

TOTAL

32124 INSTITUTE FOR CHILDREN'S MENTAL 84-1491971 FYE: 12/31/2009

Federal Statements

	Adjusted Net Income	v v		Charitable Purpose		Charitable Purpose		Charitable Purpose
er Income	Net Investment Income	\$ -4,861 -33,660 \$ -38,521	unting Fees	Adjusted Net	ofessional Fees	Adjusted Net	Taxes	Adjusted
- Form 990-PF, Part I, Line 11 - Other Income	Revenue per Books	\$ -4,861 -33,660 \$ -38,521	Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment \$ \$ 725 \$ \$ 0	Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Net investment	Statement 4 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment \$ 180
Statement 1 - Form 99			Statement 2 - Form 990-	\$\$	atement 3 - Form 990-PF,	Total \$ 1,200 \$ = 1,200	Statement 4 - For	Total S 18
	Description	ALLEN ARBITRAGE ORD BUS INC ALLEN ARBITRAGE SEC 988 LOSS TOTAL		Description INDIRECT ACCOUNTING FEES TOTAL		Description INDIRECT OTHER PROFESSIONAL FI TOTAL		Description FOREIGN TAXES FROM DIVIDEND II

## 32124 INSTITUTE FOR CHILDREN'S MENTAL 84-1491971 FYE: 12/31/2009

## Federal Statements

# Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation

	Adjusted Net Income				0			<u>8903</u>		• "
		₩			\$ 0			Adjusted Net Income		
	Net Investment Income	v٠			٠ •			Net Investment Income	<i>δ</i> ,	\$ 0
	t Year iation			3,432	3,432	되		Net	w	w
	Current Year Depreciation	ω v	വ	7	\$	Form 990-PF, Part I, Line 23 - Amortization		Current Year Amortization	1,667 \$	1,667
	Life	ц	ш,			ne 23 -		35	15 \$	ŝ
	!					art Li		Life	15	
1	Method					n 990-PF, Pa	İ	Prior Year Amortization	13,333	13,333
		200DB	200DB	200DB		6 - Forn		4 A	ᡐ	တ
	Prior Year Depreciation	7,604 20	2,841 200DB		10,445	Statement 6 -		Cost Basis	25,000	25,000
tion	_ 	w.			\$		tion		٦ ئ	ψ.
Description	Cost Basis	7,604	2,841	3,432	13,877		Description	Date Acquired	1/01/01	
	Date Caured E	COMPUTER EQUIPMENT 6/30/01 \$	COMPUTER EQUIPMENT 7/01/02	OFFICE FURNITURE 7/01/09	TOTAL \$				PATENT	TOTAL

32124 INSTITUTE FOR CHILDREN'S MENTAL 84-1491971 FYE: 12/31/2009

**Federal Statements** 

	Charitable Purpose		
Sesued	Adjusted Net		ρ -
7 - Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment		S N
Statement 7 - Form 990-PF, P	Total		\$ 6,442
	Description	EXPENSES OFFICE EXPENSE PAYROLL FEE BANK FEES INSURANCE DONATIONS PARKING FILING FEES	TOTAL

## 32124 INSTITUTE FOR CHILDREN'S MENTAL

84-1491971

**Federal Statements** 

FYE: 12/31/2009

## Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description						
	_	Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
ALLEN ARBITRAGE LP FIDELITY MAGELLAN	\$	2,137,608 \$	2,169,646	MARKET	\$	2,350,548
FIDENTII MAGELLAN		14,272	14,317	MARKET	_	7,807
TOTAL	\$	2,151,880 \$	2,183,963		\$_	2,358,355

## Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description		Beginning of Year	 End of Year	_	Fair Market Value
PATENT TO ALPHA 7-NICOTINIC RECEPTOR	\$	11,667	\$ 10,000	\$_	10,000
TOTAL	\$_	11,667	\$ 10,000	\$_	10,000

0 0 0 0 0 0 0 Expenses 10-11 0 0 0 0 0 0 0 **Benefits** City, State, Zip Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees. Statement 10 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors 0 0 0 0 0 0 0 Compensation 53189 WAUKESHA WI Federal Statements 5.00 2.00 2.00 1.00 2.00 1.00 2.00 Average Hours VICE PRESIDE PRESIDENT Title TRUSTEE TRUSTEE TRUSTEE TRUSTEE TRUSTEE W305S4239 BROOKHILL ROAD Address 32124 INSTITUTE FOR CHILDREN'S MENTAL KERN FAMILY FOUNDATION Name and Address 6432 E RADCLIFFE AVE Name ROBERT FREEDMAN, MD 1530 E OXFORD LANE ENGLEWOOD CO 80113 ENGLEWOOD CO 80111 JEROME H. KERN 13001 E 17TH PLACE 13001 E 17TH PLACE 13001 E 17TH PLACE DONALD COOK 56 CHARLOU CIRCLE ENGLEWOOD CO 80111 MARY ROSSICK KERN 45 BELLEVUE DRIVE RICHARD SAUNDERS BOULDER CO 80302 TERRY BIDDINGER AURORA CO 80045 AURORA CO 80045 AURORA CO 80045 FYE: 12/31/2009 STEPHEN BRETT 84-1491971

32124 INSTITUTE FOR CHILDREN'S MENTAL 84-1491971 FYE: 12/31/2009

## **Federal Statements**

orm 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,	Etc. (continued)
Statement 11 - Form 99(	

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GERALD GAINES 40679 NORTH 107TH STREET SCOTTSDALE AZ 85262	TRUSTEE	1.00	0	0	0
NANCY GARY MD 13 VILLAGE ROAD ENGLEWOOD CO 80113	TRUSTEE	2.00	0	0	0
BLAIR RICHARDSON 1991 E ALAMEDA AVE #1 DENVER CO 80209	TREASURER	2.00	0	0	0
FRED VIERRA 77 GLENMOOR DRIVE ENGLEWOOD CO 80110	TRUSTEE	2.00	0	0	0
ROXANNE VIERRA 77 GLENMOOR DRIVE ENGLEWOOD CO 80110	TRUSTEE	2.00	0	0	0
STEPHEN EDMONDS 13678 E WEAVER PL CENTENNIAL CO 80111	EXEC DIR	40.00	150,000	0	0

Form	8868 (Rev 4-2009)			Page 2				
`	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			▶ X				
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form	n 8868		,				
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)							
	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (	no copies	needed	)				
Туре			Employer identification number					
print	INSTITUTE FOR CHILDREN'S MENTAL	' '	84-1491971 For IRS use only					
File by	the DISORDERS	84-1						
extend	I Number street and room of suite no if a P O box see instructions							
due da filing th	LCZO S FOMONOS TROOT F LZUB DL - CZOOOR L		•					
return								
instruct	ions AURORA CO 80045							
Check	type of return to be filed (File a separate application for each return)							
	Form 990 X Form 990-PF		Form 6069					
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		∏ F	orm 8870				
	Form 990-EZ Form 990-T (trust other than above) Form 5227		_					
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a previously	filed Form 8	868					
● Tr	ne books are in the care of ▶ STEPHEN A EDMONDS	-						
Τe	elephone No ► 303-724-4955 FAX No ► 303-724-4956							
• If	the organization does not have an office or place of business in the United States check this box			▶ □				
• If	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is		_				
for the	whole group, check this box  If it is for part of the group check this box	and allach	а					
list wit	the names and EINs of all members the extension is for							
4	request an additional 3-month extension of time until $11/15/10$		-					
5	For calendar year 2009, or other tax year beginning and ending							
6	If this tax year is for less than 12 months, check reason 🔲 Initial return 🔲 Final return 🔲 Chang	e in accounti	ng period					
	State in detail why you need the extension							
	ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE							
	AND ACCURATE RETURN.							
				·				
8a	f this application is for Form 990-BL, 990-PF, 990-T 4720 or 6069, enter the tentative tax	1 1						
-	ess any nonrefundable credits. See instructions	8a	\$	550				
b l	f this application is for Form 990-PF, 990-T 4720 or 6069, enter any refundable credits and							
6	estimated tax payments made. Include any prior year overpayment allowed as a credit and any							
Ś	amount paid previously with Form 8868	8b	\$	4,958				
	Balance Due Subtract line 8b from line 8a. Include your payment with this form, or if required, deposit							
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0				
	Signature and Verification							
Jnder p	enallies of perjury. I declare that I have examined this form, including accompanying schedules and statements, and to the best of i correct, and complete, and that I am authorized to prepare this form.	ny knowledge	and belief					
				Pholos				
utenni	Tulo DA		Data	× 2/10/10				

Date > //0/10 Form 8868 (Rev 4-2009)

(Rèv April 2009)

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

OMB No 1545 1709

Department of the Treasury Internal Revenue Service		► File a separate application for each return				
		omatic 3-Month Extension, complete only Part I and check this box		_,		▶ X
<ul> <li>If you are t</li> </ul>	filing for an Add	litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				_
Do not compl	ete Part II unle	ss you have already been granted an automatic 3-month extension on a previously filed Form 88	368			
Part I	Automatic	c 3-Month Extension of Time. Only submit original (no copies needed)				
A corporation r Part I only	equired to file F	orm 990-T and requesting an automatic 6-month extension—check this box and complete				<b>▶</b> □
	rations (includir ime tax returns	ng 1120-C filers) partnerships REMICs and trusts must use Form 7004 to request an extension	of			
one of the retu	rns noted belov	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to v (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868				
•		ne additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, groups and Form 990-BL, 6069, or 8870, groups and standard and standard page 2 (Page II) or		m		
	•	isolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of classical form with the fully completed and signed page 2 (Part II) of classical form with the fully completed and signed page 2 (Part II) of classical form with the fully completed and signed page 2 (Part II) of classical form with the fully completed and signed page 2 (Part II) of classical form with the fully completed and signed page 2 (Part III) of classical form of the fully completed and signed page 2 (Part III) of classical form of the fully completed and signed page 2 (Part III) of classical form of the fully completed and signed page 2 (Part III) of classical form of the fully completed and signed page 2 (Part III) of classical form of the fully completed and signed page 2 (Part III) of classical form of the fully completed and signed page 2 (Part III) of classical form of classical form of the fully completed and signed page 2 (Part III) of classical form of classical form of the fully completed and signed page 2 (Part III) of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of classical form of class	n Poli	"		
		electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits	<del></del> -			
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print		UTE FOR CHILDREN'S MENTAL	и 1	4010	7 1	
File by the due date for	DISORD		1 _ T	<u>4919</u>	<u>/ 1</u>	<del></del>
iling your		et, and room or suite no. If a P.O. box, see instructions EDMONDS 13001 E 17TH PL C2000B				
eturn See						
nstructions	AURORA	post office, state, and ZIP code. For a foreign address, see instructions  CO 80045				
Form 99 Form 99 X Form 99	0 0-BL 0-EZ	led (file a separate application for each return)  Form 990-T (corporation)  Form 990-T (sec 401(a) or 408(a) trust)  Form 990-T (trust other than above)  Form 1041-A			Form 4720 Form 5227 Form 6069 Form 8870	
Telephone If the organ If this is for or the whole g	nization does no a Group Retur roup, check this	3-724-4955  FAX No ► 303-724-4956  So thave an office or place of business in the United States, check this box  In enter the organization's four digit Group Exemption Number (GEN)  So box  If the group, check this box  and attack				<b>•</b> []
		of all members the extension will cover  3-month (6 months for a corporation required to file Form 990-T) extension of time				
•		, to file the exempt organization return for the organization named above. The extension is				
	rganization's ret					
	calendar year					
▶ 🗍 (	ax year beginn	ing and ending				
		than 12 months check reason	counti	ng perio	d	
•		orm 990-BL 990-PF 990-T, 4720 or 6069 enter the tentative tax				
		credits See instructions	3a	_\$		<u>550</u>
• '		form 990-PF or 990-T enter any refundable credits and estimated tax	_	•		4 OEO
		e any prior year overpayment allowed as a credit	3b			4,958
		line 3b from line 3a Include your payment with this form or, if required,	- [			
· ·	=	n or if required by using EFTPS (Electronic Federal Tax Payment	_	•		^
	See instruction		3c			0
Caution If you or payment ins		ake an electronic fund withdrawal with this Form 8868 see Form 8453-EO and Form 8879-EO				