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**Short Form  
Return of Organization Exempt From Income Tax**

**2009**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

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

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning** 9/01, 2009, **and ending** 8/31, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>MHMR VISIONS</b> <b>3840 HULEN</b> <b>FORT WORTH, TX 76107-7277</b>	<b>D</b> Employer identification number 75-2890731
		<b>E</b> Telephone number 817-569-4540
		<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ WWW.MHMRVISIONS.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)

**J Tax-exempt status (check only one)** -  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 296,255.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)**

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	271,640.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,815.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	22,800.
b Less direct expenses other than fundraising expenses	6b	8,789.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14,011.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	287,466.	
10 Grants and similar amounts paid (attach Schedule)	10	123,028.	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13		
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15		
16 Other expenses (describe ▶ SEE STATEMENT 2)	16	150,363.	
17 <b>Total expenses.</b> Add lines 10 through 16	17	273,391.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,075.	
19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year figure reported on prior year's return)	19	85,863.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	99,938.	

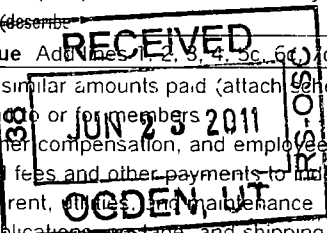
**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	128,109.	302,233.
23 Land and buildings		
24 Other assets (describe ▶)		
25 <b>Total assets</b>	128,109.	302,233.
26 <b>Total liabilities</b> (describe ▶ SEE STATEMENT 3)	42,246.	202,255.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	85,863.	99,938.

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

SCANNED JUL 07 2011



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**Part V Other Information.** (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 9

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/> N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/> N/A		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/> N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0."/> , section 4912 <input type="text" value="0."/> , section 4955 <input type="text" value="0."/> .		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0."/> .		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0."/> .		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		

42a The organization's books are in care of  Telephone no   
 Located at  ZIP + 4

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <input type="text"/>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country <input type="text"/>		X

43 Section 4947(e)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year  N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		X
47		X
48		X
49a		X
49b		

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

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

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

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

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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

**Sign Here**  
 Signature of officer: *Scott Pierce* Date: 6/10/11  
 Type or print name and title: Scott Pierce - Chair of Board

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: 6/10/11 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: SCOTT, SINGLETON, FINCHER, & CO.  
4815 KING STREET, SUITE A  
GREENVILLE, TX 75401 Preparer's Identifying Number (See instructions): N/A  
 EIN: N/A Phone no: (903) 455-4765

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	46,491.	117,872.	189,407.	118,508.	157,121.	629,399.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1 through 3	46,491.	117,872.	189,407.	118,508.	157,121.	629,399.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 <b>Public support.</b> Subtract line 5 from line 4						629,399.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	46,491.	117,872.	189,407.	118,508.	157,121.	629,399.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,271.	3,901.	129.	148.	5,449.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10						634,848.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.1 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.1 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 <b>Total support.</b> (add lns 9, 10c, 11 and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

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

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

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

19a **33-1/3 support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





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

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		OPENING DOORS (event type)	(event type)	(total number)	(Add col (a) through col (c))
REVENUE	1	Gross receipts	22,800.		22,800.
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	22,800.		22,800.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	4,872.		4,872.
	8	Entertainment	350.		350.
	9	Other direct expenses	3,567.		3,567.
	10	Direct expense summary Add lines 4- through 9 in column (d)			8,789.
	11	Net income summary Combine lines 3, column (d) and line 10			14,011.

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

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

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
13b	%

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

YES NO

15a

17a

CLIENT 76166

MHMR VISIONS

75-2890731

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	MHMR-TARRANT CO-VETERANS PROGRAMS		
DONEE'S ADDRESS:	3840 HULEN FT. WORTH, TX 76107		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	54,916.
DONEE'S NAME:	TARRANT YOUTH RECOVERY CAMPUS		
DONEE'S ADDRESS:	3840 HULEN FT WORTH, TX 76107		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	60,446.
DONEE'S NAME:	MHMR TARRANT INTELLECTUAL DISABILITIES		
DONEE'S ADDRESS:	3840 HULEN FORT WORTH, TX 76107		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	6,184.
DONEE'S NAME:	MHMR TARRANT CO-ECI AND OTHER PROGRAMS		
DONEE'S ADDRESS:	3840 HULEN FORT WORTH, TX 76107		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,482.

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

MANAGEMENT AND GENERAL	\$	20,166.
RESTRICTED DONATIONS-DEFERRED		130,197.
<b>TOTAL</b>	<b>\$</b>	<b><u>150,363.</u></b>

**STATEMENT 3  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE	\$ 42,246.	\$ 202,295.
<b>TOTAL</b>	<b>\$ <u>42,246.</u></b>	<b>\$ <u>202,295.</u></b>

**STATEMENT 4  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE MISSION OF MHMR VISIONS IS TO PRESERVE AND ENHANCE AT-RISK SERVICES FOR PEOPLE WITH MENTAL HEALTH, MENTAL RETARDATION, ADDICTION, AND EARLY CHILDHOOD DEVELOPMENT NEEDS.

CLIENT 76166

MHMR VISIONS

75-2890731

**STATEMENT 4 (CONTINUED)**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

MHMR VISIONS IS COMMITTED TO ASSISTING PEOPLE WITH DISABILITIES TO LEAD MORE ACTIVE AND PRODUCTIVE LIVES IN THE COMMUNITY BY SUPPORTING SERVICES OF MHMR OF TARRANT COUNTY. SUPPORTED SERVICES INCLUDE DISEASE MANagements AND TREATMENTS, COMMUNITY SUPPORTS, AND THERAPY AND VOCATIONAL DEVELOPMENT TO ENHANCE THE MENTAL HEALTH AND INTELLECTUAL DEVELOPMENT OF INDIVIDUALS WHO ARE SOME OF THE MOST SEVERELY AND CHRONICALLY DISABLED IN OUR COMMUNITY AND ARE AMONG THOSE WHO WOULD BE MOST LIKELY TO ACCESS PUBLIC HEALTHCARE BASED ON THEIR ECONOMIC NEED.

**STATEMENT 5**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

**ADOLESCENT RESIDENTIAL SUBSTANCE ABUSE TREATMENT**

THE MISSION OF MHMR VISIONS' ADOLESCENT SUBSTANCE ABUSE TREATMENT PROGRAM IS TO HELP ADOLESCENTS AND THEIR FAMILIES AS THEY TAKE THE PATH OF RECOVERY FROM SUBSTANCE ABUSE AND CHEMICAL DEPENDENCY. MHMR VISIONS PROVIDED TREATMENT FOR 6 YOUTH IN THE TARRANT YOUTH RECOVERY CAMPUS (TYRC) 45 DAY RESIDENTIAL PROGRAM, MENTAL HEALTH SERVICES FOR 14 YOUTH, AND TRANSPORTATION FOR 10 GIRLS TO ATTEND OUT-PATIENT SUBSTANCE ABUSE TREATMENT CLASSES. TYRC PROVIDES COMPREHENSIVE RESIDENTIAL AND OUTPATIENT TREATMENT TO YOUTH AGES 13 THROUGH 17. THE RESIDENTIAL PROGRAM PROVIDES INDIVIDUAL AND GROUP THERAPY, SUBSTANCE ABUSE EDUCATION, LIFE SKILLS TRAINING, ANGER MANAGEMENT, AN ON-SITE SCHOOL, AND FAMILY COUNSELING FOR YOUTH, INCLUDING THOSE ARE LOW INCOME AND UNINSURED.

**STATEMENT 6**  
**FORM 990-EZ, PART III, LINE 29**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

**CONSUMER-RUN CENTER FOR ADULTS WITH MENTAL ILLNESS**

THE MISSION OF MHMR VISIONS' MENTAL HEALTH PROGRAM IS TO EMPOWER INDIVIDUALS WITH MENTAL ILLNESS TO LEAD ACTIVE LIVES IN THE COMMUNITY BY PROVIDING A SAFE, SUPPORTIVE ENVIRONMENT WITH OPPORTUNITIES FOR PERSONAL GROWTH THROUGH MEANINGFUL ACTIVITIES AND INTERACTIONS WITH OTHERS. MHMR VISIONS SUPPORTS COMMUNITY INTEGRATION ACTIVITIES FOR THE MEMBERSHIP OF PARADISE CENTER, A CONSUMER-RUN PEER SUPPORT COMMUNITY CENTER BENEFITING OVER 350 ADULTS WITH SEVERE AND PERSISTENT MENTAL ILLNESS.

**STATEMENT 7**  
**FORM 990-EZ, PART III, LINE 30**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

**INTELLECTUAL AND DEVELOPMENTAL DISABILITY SERVICES**

THE MISSION OF MHMR VISIONS' INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PROGRAM IS TO HELP PEOPLE DEVELOP EMPLOYMENT SKILLS THROUGH PAID WORK EXPERIENCE AND PROVIDE LIFE-FULFILLING OPPORTUNITIES FOR PERSONAL GROWTH. MHMR VISIONS SUPPORTED THE CREATION AND SUSTAINABILITY OF TRAINING AND PAID WORK OPPORTUNITIES FOR 5

CLIENT 76166

MHMR VISIONS

75-2890731

STATEMENT 7 (CONTINUED)  
FORM 990-EZ, PART III, LINE 30  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INDIVIDUALS, HIGH QUALITY AFTER SCHOOL CARE AND SUMMER "DAY-CARE" FOR 10 DEVELOPMENTALLY DISABLED ADOLESCENTS, AND MUSIC THERAPY CLASSES FOR 25 INDIVIDUALS IN DAY-HABILITATIVE CARE.

STATEMENT 8  
FORM 990-EZ, PART IV  
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
JIM MCDERMOTT 3840 HULEN ST., STE 600 FORT WORTH, TX 76107	EX-OFFICIO 2.00	\$ 0.	\$ 0.	\$ 0.
TERRI ELLIS 1205 MISTLETOE DR FORT WORTH, TX 76110	DIRECTOR 2.00	0.	0.	0.
SCOT PIERCE 3161 WESTCLIFF RD W FORT WORTH, TX 76109	CHAIRMAN 2.00	0.	0.	0.
CAROL RECORD 4837 DEXTER AVENUE FORT WORTH, TX 76107	DIRECTOR 3.00	0.	0.	0.
STEVE PUKISH 4500 FIR DRIVE KELLER, TX 76248	TREASURER 1.00	0.	0.	0.
SALLY BURT 1204 S. ADAMS STREET FORT WORTH, TX 76104	DIRECTOR 2.00	0.	0.	0.
SARAH SMITSEK 1100 DELAWARE DR MANSFIELD, TX 76063	DIRECTOR 2.00	0.	0.	0.
SHERI CAPEHART 4417 GARDEN DRIVE ARLINGTON, TX 76001	DIRECTOR 1.00	0.	0.	0.
SERGIO DE LEON 300 W BELKNAP FORT WORTH, TX 76107	VICE CHAIR 2.00	0.	0.	0.

CLIENT 76166

MHMR VISIONS

75-2890731

STATEMENT 8 (CONTINUED)  
FORM 990-EZ, PART IV  
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
JAKE RICHTER 101 SUMMIT AVE., STE 500 FORT WORTH, TX 76102	DIRECTOR 3.00	\$ 0.	\$ 0.	\$ 0.
MARY E MAY 4720 MACKEY DRIVE N RICHLAND HILLS, TX 76180	DIRECTOR 3.00	0.	0.	0.
DUSTIN VAN ORNE 3517 YUCCA AVE FORT WORTH, TX 76111	DIRECTOR 4.00	0.	0.	0.
SUNDEE HINCHLIFFE 4501 WOODVIEW STREET ARLINGTON, TX 76013	SECRETARY 2.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 9  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

Opening Doors Dinner - 2010 - Income and Expense

6/8/2011

INCOME		Actual	
Table sponsors			
10 @ \$1000		10,000.00	
0 @ \$2500			
3 @ 750		2,250.00	
Individual tickets (31 @ \$75)		2,325.00	
Auction		6,205.00	
Donations		1,650.00	
Flower Arrangement Sales		370.00	
<b>TOTAL</b>		<b>22,800.00</b>	<b>22,800.00</b>
EXPENSE		Actual	
<b>Invitations</b>			
1/2 nonprofit postage permit		90.00	
Postage Due account		50.00	
Postage - Invitation	16 9 x 977	150.00	
Mailing labels		19.96	
Sponsor letter stationary		25.00	
Invitation Reply Card/envelops	1000 @ 60	1,865.00	
Fisher Mailing Service		69.53	
VIP invitation & envelopes		12.00	
		2,281.49	2,281.49
<b>Publicity</b>			
Photographer		125.00	
Photo finishing		30.16	
		155.16	155.16
<b>Refreshments</b>			
Food (\$18.60 X 165 meals)		3,069.00	
Drinks		1,059.50	
gratuity (18%)		743.13	
		4,871.63	4,871.63
<b>Entertainment</b>			
Reception Entertainment	1/2 hour	350.00	350.00
<b>Auction</b>			
Staging, flags, baskets,		67.16	
iTunes		15.00	
target		19.97	
Auction Credit Card Manage.		145.20	
		247.33	247.33
<b>Decorations</b>			
Centerpieces (17)		536.00	
vases, rocks		106.89	
geranium		8.50	
Party Favors (keys, ribbons, paint)		29.99	
		681.38	681.38
<b>Signage and Staging</b>			
Sponsor sign		78.00	
placard holders	16 @ \$1.	20.00	
Podium		75.00	
easel		30.00	
		203.00	203.00
<b>EXPENSE</b>			<b>8,789.99</b>
<b>NET PROFIT</b>			<b>14,010.01</b>

## NOTES FOR SCHEDULE B

THE ORGANIZATION REPORTS CASH CONTRIBUTIONS RECEIVED DURING THE YEAR ON SCHEDULE B. CONTRIBUTIONS RECEIVED IN CASH FOR SPECIFIC PURPOSES ARE RECORDED AS DEFERRED REVENUE UNTIL ALLOWABLE EXPENSES ARE INCURRED. SINCE THE ENTITY IS A COMPONENT UNIT OF A GOVERNMENTAL ENTITY, REVENUE IS RECOGNIZED IN ACCORDANCE WITH GOVERNMENTAL ACCOUNTING PRINCIPLES. AS A RESULT, CASH CONTRIBUTIONS RECEIVED PER SCHEDULE B CAN EXCEED RECOGNIZED REVENUE PER PAGE 1 OF THE 990 INFORMATION RETURN.

mailed 4/10/11  
Ken

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization <b>MHMR VISIONS</b>	Employer identification number <b>75-2890731</b>
	Number, street, and room or suite number. If a P O box, see instructions <b>SCOTT, SINGLETON, FINCHER, &amp; CO. 4815 KING STREET, SUITE A</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>GREENVILLE, TX 75401</b>	

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of **MHMR OF TARRANT COUNTY**  
Telephone No **817-569-4311** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 7/15, 20 11.
- For calendar year \_\_\_\_\_, or other tax year beginning 9/01, 20 09, and ending 8/31, 20 10.
- If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period
- State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$
<b>c Balance Due.</b> 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 instrs	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Handwritten Signature] Title CPA Date 4/18/11