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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning 01-01-2010 , and ending 12-31-2010

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

Name of foundation
INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

Number and street (or P O box number if mail is not delivered to street address) Room/suite
1055 ST CHARLES AVENUE

City or town, state, and ZIP code
NEW ORLEANS, LA 70130

A Employer identification number
72-0446138

B Telephone number (see page 10 of the instructions)
(504) 566-1852

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 18,516,697

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify)
(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ☒ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.	432,105	432,105		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	402,448			
	b Gross sales price for all assets on line 6a 4,737,754				
	7 Capital gain net income (from Part IV , line 2)		402,448		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
Operating and Administrative Expenses	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	45,789			
	12 Total. Add lines 1 through 11	880,342	834,553		
	13 Compensation of officers, directors, trustees, etc	100,200	25,050		75,150
	14 Other employee salaries and wages	78,026			78,026
	15 Pension plans, employee benefits	25,894	3,256		22,638
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	9,675	2,419		7,256
	c Other professional fees (attach schedule)	102,718	70,471		32,247
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	7,323			
	19 Depreciation (attach schedule) and depletion . . .	1,597			
	20 Occupancy	22,470			22,470
	21 Travel, conferences, and meetings	18,890			18,890
	22 Printing and publications				
	23 Other expenses (attach schedule)	22,068	1,039		21,029
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	388,861	102,235		277,706
	25 Contributions, gifts, grants paid	809,644			741,895
	26 Total expenses and disbursements. Add lines 24 and 25	1,198,505	102,235		1,019,601
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-318,163			
	b Net investment income (if negative, enter -0-)		732,318		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	51,127	131,087	131,087
	2	Savings and temporary cash investments	1,098,695	2,155,236	2,155,236
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ 9,500 Less allowance for doubtful accounts ▶ _____		9,500	9,500
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	16,702	8,494	8,494
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	16,371,327	16,052,733	16,052,733
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	221,644	138,204	138,204
	14	Land, buildings, and equipment basis ▶ 28,306 Less accumulated depreciation (attach schedule) ▶ 24,770	5,133	3,536	3,536
15	Other assets (describe ▶ _____)	22,091	17,907	17,907	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	17,786,719	18,516,697	18,516,697	
Liabilities	17	Accounts payable and accrued expenses	14,584	33,844	
	18	Grants payable	641,260	709,009	
	19	Deferred revenue		24,500	
	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)	655,844	767,353	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	17,130,875	17,749,344	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ 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			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions)	17,130,875	17,749,344	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	17,786,719	18,516,697	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	17,130,875
2	Enter amount from Part I, line 27a	-318,163
3	Other increases not included in line 2 (itemize) ▶ _____	936,632
4	Add lines 1, 2, and 3	17,749,344
5	Decreases not included in line 2 (itemize) ▶ _____	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	17,749,344

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)		2	402,448
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }				
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		3	82,995
{ If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 }				

Part V

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries				
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2009	1,069,526	16,321,683	0 06553	
2008	1,100,919	19,157,942	0 05747	
2007	941,572	21,472,906	0 04385	
2006	846,270	20,307,808	0 04167	
2005	943,041	19,605,959	0 04810	
2	Total of line 1, column (d).		2	0 25661
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	0 05132
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5.		4	17,299,077
5	Multiply line 4 by line 3.		5	887,841
6	Enter 1% of net investment income (1% of Part I, line 27b).		6	7,323
7	Add lines 5 and 6.		7	895,164
8	Enter qualifying distributions from Part XII, line 4.		8	1,019,601
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18				

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)			
1aExempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
bDomestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b		1	7,323
cAll other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	
3Add lines 1 and 2.		3	7,323
4Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	
5Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	7,323
6Credits/Payments			
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	12,296
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7Total credits and payments Add lines 6a through 6d.		7	12,296
8Enter any penalty for underpayment of estimated tax Check here ☒ if Form 2220 is attached		8	
9Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	4,973
11Enter the amount of line 10 to be Credited to 2011 estimated tax 4,973 Refunded		11	

Part VII-AStatements Regarding Activities			
1aDuring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			YesNo
bDid it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			No
cDid the foundation file Form 1120-POL for this year?.			No
dEnter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ _____ (2) On foundation managers \$ _____			
eEnter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____			
2Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2	No
3Has 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	No
4aDid the foundation have unrelated business gross income of \$1,000 or more during the year?.		4a	No
bIf "Yes," has it filed a tax return on Form 990-T for this year?.		4b	No
5Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		5	No
6Are 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	Yes
7Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Yes
8aEnter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) _____			
bIf the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .		8b	Yes
9Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		9	No
10Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of NANCY FREEMAN Telephone no (504) 566-1852 Located at 1055 ST CHARLES AVENUE NEW ORLEANS LA ZIP+4 70130			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.		15	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country.				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years 20 , 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) (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).	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☒ No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).	☐ Yes	☒ No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	5b		No
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
	☐ Yes ☒ No			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
	☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>	6b		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			
	☐ Yes ☒ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		No

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
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 lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	15,958,399
b	Average of monthly cash balances.	1b	1,562,435
c	Fair market value of all other assets (see page 24 of the instructions).	1c	41,681
d	Total (add lines 1a, b, and c).	1d	17,562,515
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	17,562,515
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	263,438
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	17,299,077
6	Minimum investment return. Enter 5% of line 5.	6	864,954

Part XI

Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	864,954
2a	Tax on investment income for 2010 from Part VI, line 5.	2a	7,323
b	Income tax for 2010 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	7,323
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	857,631
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	857,631
6	Deduction from distributable amount (see page 25 of the instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	857,631

Part XII

Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,019,601
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,019,601
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions).	5	7,323
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,012,278
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				857,631
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2010				
a From 2005.				
b From 2006.				
c From 2007.				
d From 2008.				
e From 2009.				101,185
f Total of lines 3a through e.	101,185			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 1,019,601				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .	0			
d Applied to 2010 distributable amount.				857,631
e Remaining amount distributed out of corpus	161,970			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	263,155			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions. . .				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions.				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011.				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 instructions).				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions).				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a.	263,155			
10 Analysis of line 9				
a Excess from 2006.				
b Excess from 2007.				
c Excess from 2008.				
d Excess from 2009.				101,185
e Excess from 2010.				161,970

Part XIV

Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2010	(b) 2009	(c) 2008	(d) 2007	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept 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.

a

The name, address, and telephone number of the person to whom applications should be addressed

b

The form in which applications should be submitted and information and materials they should include

c

Any submission deadlines

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> SEE SCHEDULE 1 VARIOUS NEW ORLEANS, LA 70130	NONE	N/A	MENTAL HEALTH RESEARCH & SERVICES	741,895
Total  3a				741,895
b <i>Approved for future payment</i> SEE SCHEDULE 2 VARIOUS NEW ORLEANS, LA 70130	NONE	N/A	MENTAL HEALTH RESEARCH AND SERVICES	506,409
Total  3b				506,409

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	432,105	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	402,448	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory. .					
11 Other revenue a MANAGEMENT FEES _____					45,789
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). .				834,553	45,789
13 Total. Add line 12, columns (b), (d), and (e).					880,342

[illegible]

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a

Transfers from the reporting foundation to a noncharitable exempt organization of

1

Cash.

1a(1)

No

2

Other assets.

1a(2)

No

b

Other transactions

1

Sales of assets to a noncharitable exempt organization.

1b(1)

No

2

Purchases of assets from a noncharitable exempt organization.

1b(2)

No

3

Rental of facilities, equipment, or other assets.

1b(3)

No

4

Reimbursement arrangements.

1b(4)

No

5

Loans or loan guarantees.

1b(5)

No

6

Performance of services or membership or fundraising solicitations.

1b(6)

No

c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

1c

No

d

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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a

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

☐

Yes

☒

No

b

If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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

Signature of officer or trustee

2011-06-22

Date

Title

Paid Preparer's Use Only

Preparer's Signature

Kirth M Paciera

Firm's name

PACIERA GAUTREAU & PRIEST LLC CPAS

3209 RIDGELAKE DR STE 200

Firm's address

METAIRIE, LA 700024982

Date

Check if self-employed

☐

PTIN

Firm's EIN

Phone no

(504) 486-5573

Form 990-PF (2010)

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 72-0446138
Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, 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)
A	PUBLICLY TRADED SECURITIES	P	2009-06-30	2010-12-31
B	PUBLICLY TRADED SECURITIES	P	2010-06-30	2010-12-31
C	66724 836 VANGUARD TOTAL BOND MARKET INDEX	P	2008-06-30	2010-06-30
D	28221 279 VANGUARD TOTAL BOND MARKET INDEX	P	2010-06-30	2010-06-30
E	63200 VANTAGE DRILLING COMPANY	P	2010-01-22	2010-04-23
F	500 VARIAN MEDICAL SYSTEMS	P	2010-06-21	2010-09-23
G	3500 TIDEWATER INC	P	2008-02-19	2010-07-27
H	4000 QUEST DIAGNOSTICS	P	2006-11-30	2010-02-01
I	9000 MARCUS CORP	P	2006-05-31	2010-05-14
J	8000 KANSAS CITY SOUTHERN	P	2000-07-20	2010-05-19
K	10000 JACK HENRY & ASSOC	P	2001-01-26	2010-06-21
L	5000 HANCOCK HOLDING CO	P	2008-02-19	2010-12-08
M	7000 GULF ISLAND FABRICATION	P	2007-03-20	2010-04-12
N	8000 CHEESECAKE FACTORY	P	2006-08-17	2010-01-13
O	9000 H&R BLOCK INC	P	2006-03-29	2010-05-11
P	14900 ANNALY CAPITAL MANAGEMENT	P	2010-05-21	2010-06-25
Q	7000 AAR CORP	P	2008-02-19	2010-04-09

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
A	1,096,397		909,142	187,255
B	394,168		360,681	33,487
C	704,411		656,173	48,238
D	298,089		297,836	253
E	109,802		94,168	15,634
F	29,918		27,200	2,718
G	143,407		193,067	-49,660
H	225,637		212,110	13,527
I	107,437		122,591	-15,154
J	292,004		55,860	236,144
K	249,357		214,935	34,422
L	173,060		187,493	-14,433
M	146,720		185,655	-38,935
N	177,267		200,206	-22,939
O	159,143		197,333	-38,190
P	258,064		227,161	30,903
Q	172,873		193,695	-20,822

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	
		(k) Excess of col (i) over col (j), if any	
A			187,255
B			33,487
C			48,238
D			253
E			15,634
F			2,718
G			-49,660
H			13,527
I			-15,154
J			236,144
K			34,422
L			-14,433
M			-38,935
N			-22,939
O			-38,190
P			30,903
Q			-20,822

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LEE REID	Director 0 00	0		
4500 ONE SHELL SQUARE NEW ORLEANS, LA 70139				
NANCY FREEMAN	Executive Direc 40 00	90,000	10,200	
1055 ST CHARLES AVE STE 350 NEW ORLEANS, LA 70130				
GEOFFREY NAGLE	Director 0 00	0		
1400 CANAL STREET TB-52 NEW ORLEANS, LA 70112				
ELMORE RIGAMER MD MPA	Director 0 00	0		
1515 POYDRAS STREET STE 1200 NEW ORLEANS, LA 70112				
KYSHUN WEBSTER PH D	Director 0 00	0		
66 YOSEMITE DRIVE NEW ORLEANS, LA 70131				
TED QUANT	President 0 00	0		
7214 ST CHARLES AVE BOX 907 NEW ORLEANS, LA 70118				
SARAH NEWELL USDIN	Director 0 00	0		
200 BROADWAY STE 108 NEW ORLEANS, LA 70118				
RITA PEREIRA	Director 0 00	0		
1010 COMMON STREET STE 1400A NEW ORLEANS, LA 70112				
JULIUS E KIMBROUGH JR	Director 0 00	0		
6600 PLAZA DRIVE STE 600 NEW ORLEANS, LA 70127				
BEVERLY R NICHOLS	Director 0 00	0		
111 VETERANS BLVD STE 1700 METAIRIE, LA 70005				
BONNIE GOLDBLUM	Vice President 0 00	0		
7436 HURST STREET NEW ORLEANS, LA 70118				
RUTH S KULLMAN	Secretary 0 00	0		
1838 STATE STREET NEW ORLEANS, LA 70118				
MARTIN DRELL MD	Director 0 00	0		
210 STATE STREET NEW ORLEANS, LA 70118				
ELAINE JOSEPH ED D	Director 0 00	0		
1305 BROADWAY NEW ORLEANS, LA 70118				
BERNADETTE D'SOUZA	Director 0 00	0		
1010 COMMON ST STE 1400A NEW ORLEANS, LA 70112				
DEENA GERBER	Director 0 00	0		
3330 W ESPLANADE AVE STE 600 METAIRIE, LA 70002				
J STOREY CHARBONNET	Treasurer 0 00	0		
639 LOYOLA AVENUE SUITE 2775 NEW ORLEANS, LA 70113				
SR ANTHONY BARCZYKOWSKI	Director 0 00	0		
1000 HOWARD AVENUE SUITE 800 NEW ORLEANS, LA 70113				

TY 2010 Accounting Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	9,675	2,419	0	7,256

**TY 2010 Investments Corporate
Stock Schedule**

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS	6,178,041	6,178,041
EQUITIES	9,874,692	9,874,692

TY 2010 Investments - Other Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE INVESTMENT TRUST	FMV	138,204	138,204

TY 2010 Land, Etc. Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Furniture and Fixtures	28,306	24,770	3,536	3,536

TY 2010 Other Assets Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INVESTMENT INCOME	22,091	17,907	17,907

TY 2010 Other Expenses Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	3,736			3,736
SUPPLIES	2,460			2,460
REPAIRS/SERVICE CONTRACTS	2,413			2,413
POSTAGE	250			250
MISCELLANEOUS	1,243			1,243
MEMBERSHIPS	1,995			1,995
INSURANCE- OFFICE	2,942			2,942
INSURANCE- D&O	4,154	1,039		3,115
DATA PROCESSING	889			889
BOOKS AND PUBLICATIONS	1,986			1,986

TY 2010 Other Income Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Description	Revenue And Expenses Per Books	Net Invest ment Income	Adjusted Net Income
MANAGEMENT FEES	45,789		

TY 2010 Other Increases Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	936,632

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Other Notes/Loans
Receivable Long Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
MATTIE'S LITTLE ANGELS		9,500	9,500	2010-12	2011-02		0 %				9,500

TY 2010 Other Professional Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT/INVESTMENT ADV FEES	70,471	70,471	0	0
GRANTS CONSULTANT	32,247	0	0	32,247

TY 2010 Taxes Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 10000105

Software Version: 2010v3.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INCOME TAXES	7,323			

INSTITUTE OF MENTAL HYGIENE
72-0446138
DECEMBER 31, 2010

SCHEDULE 1

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

RECIPIENT'S NAME	RELATIONSHIP	FOUNDATION STATUS	PURPOSE OF GRANT	AMOUNT
St. Mark's	None	501 (c) (3)	Mental Health Research & Services	25,000
Youth Empowerment Program	None	501 (c) (3)	Mental Health Research & Services	50,000
Pyramid Parenting	None	501 (c) (3)	Mental Health Research & Services	25,000
Children's Bureau	None	501 (c) (3)	Mental Health Research & Services	50,744
Langston Hughes School	None	501 (c) (3)	Mental Health Research & Services	125,125
NOLA Prep School	None	501 (c) (3)	Mental Health Research & Services	125,125
Foundation for Science & Mathematics Education	None	501 (c) (3)	Mental Health Research & Services	60,000
University of New Orleans- Anxiety Clinic	None	501 (c) (3)	Mental Health Research & Services	36,250
St. Benedict the Moor	None	501 (c) (3)	Mental Health Research & Services	15,150
LOOP New Orleans	None	501 (c) (3)	Mental Health Research & Services	5,000
New Orleans Women's Shelter	None	501 (c) (3)	Mental Health Research & Services	7,255
LSU- AgCenter	None	501 (c) (3)	Mental Health Research & Services	7,238
LSU Nurse Family Partnership	None	501 (c) (3)	Mental Health Research & Services	(820)
Tulane- Bright Start	None	501 (c) (3)	Mental Health Research & Services	37,275
LSU - Depart. of Psychiatry	None	501 (c) (3)	Mental Health Research & Services	100,000
Royal Castle	None	501 (c) (3)	Mental Health Research & Services	10,000
Postitive Start	None		<u>See Detail Schedule 3</u>	4,000
Clara's Little Lambs	None		<u>See Detail Schedule 4</u>	10,000
Gwen's Preschool	None	501 (c) (3)	Mental Health Research & Services	4,300
Angel's Haven	None	501 (c) (3)	Mental Health Research & Services	3,200
Kid's Kingdom	None		<u>See Detail Schedule 5</u>	7,100
DJ's Learning Castle	None		<u>See Detail Schedule 6</u>	3,500
Cuddly Bear	None		<u>See Detail Schedule 7</u>	9,200
Changing Stages	None	501 (c) (3)	Mental Health Research & Services	3,700
Gilda's Academy	None	501 (c) (3)	Mental Health Research & Services	1,889
GCYF	None	501 (c) (3)	Mental Health Research & Services	500
Council on Foundations	None	501 (c) (3)	Mental Health Research & Services	2,020
United Way	None	501 (c) (3)	Mental Health Research & Services	5,000
LSU- B. Lemann Lecture	None	501 (c) (3)	Mental Health Research & Services	9,144
				<u>741,895</u>

INSTITUTE OF MENTAL HYGIENE
72-0446138
DECEMBER 31, 2010

SCHEDULE 2

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

RECIPIENT'S NAME	RELATIONSHIP	FOUNDATION		PURPOSE OF GRANT	AMOUNT
			STATUS		
Youth Empowerment Program	None	501 (c) (3)		Mental Health Research & Services	75,000
Pyramid Parenting	None	501 (c) (3)		Mental Health Research & Services	25,000
Children's Bureau	None	501 (c) (3)		Mental Health Research & Services	276,865
St. Benedict the Moor	None	501 (c) (3)		Mental Health Research & Services	10,050
LOOP New Orleans	None	501 (c) (3)		Mental Health Research & Services	5,000
New Orleans Women's Shelter	None	501 (c) (3)		Mental Health Research & Services	7,256
LSU- AgCenter	None	501 (c) (3)		Mental Health Research & Services	7,238
LSU - Depart of Psychiatry	None	501 (c) (3)		Mental Health Research & Services	100,000
					<u>506,409</u>

Schedule 3

Institute of Mental Hygiene

E.I.N. # 72-0446138

**ATTACHMENT TO 2010 FORM 990-PF
RETURN OF PRIVATE FOUNDATION**

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Positive Start Child Development Center
2327 Robert E. Lee Blvd.
New Orleans, LA 70122*

(2) Date Paid in Current Tax Year: *\$2,000 paid on 2/12/2010
\$2,000 paid on 9/8/2010*

(3) Total Paid:
\$4,000 paid in 2010

(4) Purpose: *These grants were in support of the purchase of furniture and toys for Positive Start Child Development Center, which provides subsidized child care to low income families through the Child Care Assistance Program.*

(5) Amount of Grant Spent by Grantee: *\$4,000.00*

(6) Diversion:

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

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

August 25, 2010 and May 18, 2011

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene FOUNDATION reviewed the Grant Reports on August 25, 2010 and on May 18, 2011, but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).

Schedule **4**

Institute of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO 2010 FORM 990-PF
RETURN OF PRIVATE FOUNDATION

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Clara's Little Lambs*
1871 Farragut Street
New Orleans, LA 70114

(2) Date Paid in Current Tax Year: \$10,000 paid on 2/17/2010

(3) Total Paid:
\$10,000 paid on 2/17/2010

(4) Purpose: *This grant was in support of the purchase of furniture and toys for Clara's Little Lambs, which provides subsidized child care to low income families through the Child Care Assistance Program.*

(5) Amount of Grant Spent by Grantee: \$10,000.00

(6) Diversion:

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

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

May 9, 2011

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene FOUNDATION reviewed the Grant Report on May 9, 2011 but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).

Schedule 5

Institute of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO 2010 FORM 990-PF
RETURN OF PRIVATE FOUNDATION

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Kids Kingdom Academy and Daycare*
2903 Tulane Avenue
New Orleans, LA 70118

(2) Date Paid in Current Tax Year: \$7,100 paid on 2/17/2010

(3) Total Paid:
\$7,100 paid on 2/17/2010

(4) Purpose: *This grant was in support of staff training and the purchase of curriculum materials, furniture and toys for Kids Kingdom Academy and Daycare, which provides subsidized child care to low income families through the Child Care Assistance Program.*

(5) Amount of Grant Spent by Grantee: \$7,096.84

(6) Diversion:

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

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

January 5, 2011

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene FOUNDATION reviewed the Grant Report on January 6, 2011 but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).

Schedule 6

Institute of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO 2010 FORM 990-PF
RETURN OF PRIVATE FOUNDATION

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *DJ's Learning Castle*
3033 Paris Avenue
New Orleans, LA 70122

(2) Date Paid in Current Tax Year: \$3,500 paid on 8/13/2010

(3) Total Paid:
\$3,500 paid on 8/13/2010

(4) Purpose: *This grant was in support of the purchase of curriculum materials and furniture and toys for DJ's Learning Castle, which provides subsidized child care to low income families through the Child Care Assistance Program.*

(5) Amount of Grant Spent by Grantee: \$3,500

(6) Diversion:

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

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

September 29, 2010

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene FOUNDATION reviewed the Grant Report on September 29, 2010 but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).

Schedule 7

Institute of Mental Hygiene
E.I.N # 72-0446138
ATTACHMENT TO 2010 FORM 990-PF
RETURN OF PRIVATE FOUNDATION

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Cuddly Bear Child Development Center*
2101 General Meyer Avenue
New Orleans, LA 70114

(2) Date Paid in Current Tax Year: \$9,200 paid on 8/13/2010

(3) Total Paid:
\$9,200 paid on 8/13/2010

(4) Purpose: *This grant was in support of the purchase of staff training, curriculum materials and furniture and toys for Cuddly Bear Child Development Center, which provides subsidized child care to low income families through the Child Care Assistance Program.*

(5) Amount of Grant Spent by Grantee: \$5,832.85

(6) Diversion:

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

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

April 9, 2010 and May 4, 2011

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene FOUNDATION reviewed the Grant Report on April 9, 2010 and May 4, 2011 but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).