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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the pand of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Internal Revenue Service For the 2010 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address change 86-1030444 INSTITUTE FOR MENTAL HEALTH RESEARCH Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return PO BOX 871104 (480) 727-7873 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return TEMPE, 85287 Number > Application pending AZ_____if the organization is not Accounting Method: Cash X Accrual Other (specify) H Check ▶ L Website: WWW.IMHR.ORG required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 527 (Form 990, 990-EZ, or 990-PF) 501(c) () **◄**(insert no.) 4947(a)(1) or Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 55,594. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) \mathbf{x} Check if the organization used Schedule O to respond to any question in this Part I 54,455. 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 1,139. SEE SCHEDULE O 4 Investment income CC CIVED

Gross amount from sale of assets other than inventory 4 5a Less: cost or other basis and sales expenses Gain or (loss) rom sale of assets other than inventor (Subtract line 5b from line 5a) 5c Gaming and fundialising events Gross income from gaming (attach Schedule Gif greater than Revenue 6a \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 6b gross income and contributions exceeds \$15,000) 6c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 Other revenue (describe in Schedule O) 55,594 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 61,164. 13 Professional fees and other payments to independent contractors 13 12,568. 14 Occupancy, rent, utilities, and maintenance 610. Printing, publications, postage, and shipping 15 15 88,148. SEE SCHEDULE O 16 Other expenses (describe in Schedule O) 162,490. 17 Total expenses Add lines 10 through 16 <106,896.> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 230,061. 19 (must agree with end-of-year figure reported on prior year's return) 10. SEE SCHEDULE O Other changes in net assets or fund balances (explain in Schedule O) 20 123 175. Net assets or fund balances at end of year. Combine lines 18 through 20 Form **990-EZ** (2010) For Paperwork Reduction Act Notice, see the separate instructions.

Part II	Balance Sheets. (see the instructions for Part II.)				
	Check if the organization used Schedule O to respond to any question	on in this Part II			X
			(A) Beginning of year	(B) E	nd of year
22 Cash	n, savings, and investments		224,255.	. 22	163,204
23 Land	d and buildings		1,836.	23	_988
	er assets (describe in Schedule 0) SEE SCHEDULE	0	5,121.		0
	l assets		231,212.		164,192
	I liabilities (describe in Schedule 0) SEE SCHEDULE	0	1,151.		41,017
	assets or fund balances (line 27 of column (B) must agree with line 2	- T	230,061.		123,175
Part III	Statement of Program Service Accomplishm	ents (see the instruction	ns for Part III.)		penses
	Check if the organization used Schedule O to respond to any quest	,		(Required	for section
What is the	organization's primary exempt purpose?SEE SCHEDULE		····································	501(c)(3)	and 501(c)(4) ons and section
	what was achieved in carrying out the organization's exempt p		concise manner describ	140,471.114) trusts; optional
	es provided, the number of persons benefited, and other relev			for others.	.)
	SCHEDULE O				
20 <u>DBB</u>	BCHEDOLL C			—	
				— I I	
(Grant	ts \$) If this amount includes foreig	n grants, check here	N		
29) if this amount includes loreig	ri giarits, crieck fiere		1 208	
Z9		-		-	
			<u></u> .	-	
(Crant	ts \$) If this amount includes foreig	n grants, abook hara		29a	
(Grant) if this amount includes foreig	ri grants, check here		234	
30					
-		•		-	
(0) If the control of the form			₂₀₋	
(Grant		n grants, check here		30a	
	program services (describe in Schedule O)		<u>.</u>		
(Grant		n grants, check here		31a	
32 Total	program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key	Employees		▶ 32	0
Part IV			one even if not compensated (s	ee the instructions t	or Part IV)
	Check if the organization used Schedule 0 to respond to any quest			(d) =	
		(b) Title and average h		(d) Contributions to employee	(e) Expense account and
	(a) Name and address	per week devoted to	-0)	benefit plans & deferred	other allowance
			V. /	compensation	outer anotherior
	EL F MEYER	PRESIDENT		•	
	X 871104, TEMPE, AZ 85287	10.00	0.	0.	0
	GROVE, M.D. FAPA	BOARD MEMBI			
PO BO	X 871104, TEMPE, AZ 85287	1.00	0.	0.	0
	RANKING SHAPIRO, PH.D.	BOARD MEMBI			
PO BO	X 871104, TEMPE, AZ 85287	1.00	0.	0.	0
SARA	T GORDON	BOARD TREA:			
PO BO	X 871104, TEMPE, AZ 85287	2.50	0.	0.	0
SHELL	EY CANIGLIA	BOARD MEMB			
PO BO	X 871104, TEMPE, AZ 85287	1.00	0.	0.	0
	L B KESSLER, M.D.	BOARD MEMB	ER		
	X 871104, TEMPE, AZ 85287	1.00	0.	0.	0
	O'DONOGHUE	BOARD MEMB			
	X 871104, TEMPE, AZ 85287	1.00	0.	0.	0
	LANDY, CPA	BOARD MEMB			
	X 871104, TEMPE, AZ 85287	1.00	0.	0.	0
	RD D. LANE, M.D., PH.D	BOARD MEMB			† <u>-</u>
	X 871104, TEMPE, AZ 85287	1.00	0.	0.	0
	GILL MEYER, CFP	BOARD MEMB			<u> </u>
	X 871104, TEMPE, AZ 85287	1.00	0.	0.	0
		BOARD MEMB		<u> </u>	1
	N MEYER		0.	0.	0
	X 871104, TEMPE, AZ 85287	1.00			
	STEINBERG	BOARD MEMB	0.	0.	0
PO BO	X 871104, TEMPE, AZ 85287	1.00	U .		
032172 02-02-11				Form	990-EZ (201

$\overline{}$	1990-EZ (2010) INSTITUTE FOR MENTAL HEALTH RESEARCH 86-1030	444		Page 3
Pa	Other Information (Note the statement requirements in the instructions for Part V)			
	Check if the organization used Schedule O to respond to any question in this Part V			<u></u>
		\longrightarrow	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
	Schedule O	33		X_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			l
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or	05.		x
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	N/	
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	14/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	36		х
07 -	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions.	-		A
		37b		x
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	3/0		
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	004		 -
39	Section 501(c)(7) organizations. Enter:	1 1		
а	37/3			
b	201 37/3	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:]		** '
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •			
е	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	40e		<u> </u>
41	List the states with which a copy of this return is filed. \blacktriangleright AZ			
42 a	·			73
	Located at ▶ PO BOX 871104, TEMPE, AZ ZIP+4 ▶ 8	528	7	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	Vaa	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	No X
	account)?	42b		┢┻
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	A	42c		x
С	If "Yes," enter the name of the foreign country:	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
40	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and enter the amount of tax-exempt interest received of accrucia during the tax year	14/11	·	
		1	Yes	No
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			1
774	Form 990-EZ	44a	-	X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	T		<u> </u>
	of Form 990-EZ	44b		х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		
		Form 9	90-EZ	(2010)

Form 990-EZ (2010) INSTITUTE FOR M	ENTAL HEA	LTH RESEARCH		86-1030	444	<u> </u>	Page 4
,							Yes	No
	ated organization a controlled entity of the org					45	<u> </u>	X
	rganization receive any payment from or engag			e meaning of section	512(b)(13)?	۱		
	orm 990 and Schedule R may need to be comp			to condidates for n	iblio office?	45a	├	X
	rganization engage, directly or indirectly, in pol omplete Schedule C, Part I	ilicai campaign activii	nes on benail of or in opposition	i to candidates for pt	iblic office?	46	İ	x
	Section 501(c)(3) organizations	and section 4	947(a)(1) nonexempt	charitable trus	sts only. All		n 501(c	
	organizations and section 4947(a)(1) nonexem						-	
	Check if the organization used Schedule O to re							
							Yes	_
	rganization engage in lobbying activities? If "Y					_47	 	X
	anization a school as described in section 170					48_	\vdash	X
	rganization make any transfers to an exempt no		organization?			49a 49b	 	_X_
	vas the related organization a section 527 orgai this table for the organization's five highest co		os (other than officers, directors	trustees and key en	nnlovees) who e		reived	more
-	0,000 of compensation from the organization. I		•	, trustees and key en	iipioyees) wiio t	,401110	001100	
	, , , , , , , , , , , , , , , , , , ,	,	(b) Title and average hours	(c) Compensation	(d) Contribution	s (e) Expe	ense
	(a) Name and address of each employee paid	1 more	per week devoted to		to employee benefit plans &		ccount	
	than \$100,000 NON	E	position		deferred compensation	oth	er allow	/ances
			_					
						\perp		
			4					
		. -				+		
		•	-					
51 Complete	nber of other employees paid over \$100,000 this table for the organization's five highest colon. If there is none, enter "None." NON		ent contractors who each recen	ved more than \$100,	000 of compens	sation	from th	e
	(a) Name and address of each independent of	contractor paid more	than \$100,000	(b) Type of ser	vice (c) Cor	npensa	tion
-								
	· -							
				- •				
	·							
- Tatal ave			···					
_	nber of other independent contractors each rec ganization complete Schedule A? Note : All sec	. ,				_		
	trusts must attach a completed Schedule A		izations and 10 17 (a)(1) nonexe	····p·	▶ [X	es 🗆	□ No
	nder penalties of perjury, I declare that I have examined prect, and complete Declaration of preparer (other than	this return, including aco	companying schedules and statemen	ts, and to the best of my knowledge	knowledge and b	elief, it i	s true,	
Sign	Jula Tavo				9/17	///	,	
Here	Suprature of officer	00111	T-	_	Date -			
	Type or print name and title	ROON,	1 Readured					
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN			
Paid	Printrype preparer s name	Preparer's signature	Date	, self- emplo	_			
Preparer	MARK L. LANDY	11/1/2/2	1 / was 0/2		,			
Use Only	Firm's name MILLER, ALLE	N & CO.	P. C.	Firm's EIN	•			
	Firm's address ▶ 5333 N. 7TH		SUITE/100	Phone no.	((0 0)	264	-38	88
		85014-28			,			
May the IRS dis	scuss this return with the preparer shown above	ve? See instructions			▶ [es 🗌	No
UUZ 114						Corm	000 57	(0010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2010

Open to Public Inspection

Name of the organization

Internal Revenue Service

Employer identification number

								86	<u> 2 - T 0 3 0</u>	444	
Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this part	t) See inst	tructions				
		·	_		•						
					170(b)(1)	Ανιιι					
-	•						(b)(1)(A)(ii	i). Enter t	he hospital	's nam	e.
		oporated in conjunction	***************************************	pital docol	1000 117 00	011011 170	(6)(1)(7)(11	.,			-,
•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describe	ed in		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ 9					
			t described	d in sectio	n 170(b)(1	I)(A)(v).					
	•	•					or from the	general r	oublic desc	rıbed ıı	n
_			oo oupp		90.0			90,,0,0,,			
· ·			(Complete	Part II.)							
					rom contri	butions. m	nembershi	p fees. ar	nd aross rea	ceipts 1	from
-	•	• •							_		
				,			, 3-			-, -	
		· ·	st for publ	ıc safety. S	See sectio	n 509(a)(4	1).				
_								y out the	purposes o	of one	or
-	-	•		•							
describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.						
a 🔲 Type	ı b□	Type II d	с 🗀 Тур	e III - Func	tionally int	egrated		d 🗀	Type III · (Other	
By checking	this box, I certify tha	at the organization is not	controlled	directly o	r ındırectly	by one o	r more disc	qualified p	persons oth	er tha	n
foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or s	section 509	(a)(2)	
If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
supporting o	rganization, check tl	nis box									
Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			
(ı) A perso	n who directly or inc	irectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıi) and (ні) below,		Yes	No_
the gove	erning body of the s	upported organization?							11g(i)		
(ii) A famıly	member of a person	n described in (i) above?							11g(ii)		
(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	97					11g(iii)		
Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
	Т	CONT						1			
	(ii) EIN	organization					Lorganizátio	on in col. l			f
amzaton							U.S	.? " " "	Jup	port	
		(see instructions))	Yes	No	Yes	No	Yes	No			
			-	_							
			<u> </u>			<u> </u>					
										,	
	A church, co A school des A hospital or A medical res city, and stat An organizat section 170 A federal, sta An organizat section 170 A community An organizat activities rela income and to See section An organizat activities rela income and to See section An organizat an organizat An organizat because the a Type By checking foundation manification manifi	Reason for Public Charnization is not a private foundation. A church, convention of churche A school described in section 17. A hospital or a cooperative hospital or a cooper	Reason for Public Charity Status (All organization is not a private foundation because it is (For lines A church, convention of churches, or association of church A school described in section 170(b)(1)(A)(ii). (Attach School described in section 170(b)(1)(A)(ii). (Attach School described in section 170(b)(1)(A)(ii). (Attach School described in conjunction and the section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unity An organization that normally receives a substantial part section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). An organization that normally receives: (1) more than 33 activities related to its exempt functions - subject to certain income and unrelated business taxable income (less section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to te An organization organized and operated exclusively for the more publicly supported organizations described in section describes the type of supporting organization and compliance in Type I b Type II organization is not foundation managers and other than one or more publicly of the organization received a written determination from supporting organization, check this box Since August 17, 2006, has the organization accepted and the governing body of the supported organization? (ii) A person who directly or indirectly controls, either all the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (iii) A 35% controlled entity of a person described on lines 1-9 above or IRC section	Reason for Public Charity Status (All organizations munication is not a private foundation because it is (For lines 1 through A church, convention of churches, or association of churches desc A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described A medical research organization operated in conjunction with a hoscity, and state An organization operated for the benefit of a college or university or section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its supposection 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete An organization that normally receives: (1) more than 33 1/3% of its activities related to its exempt functions - subject to certain exceptincome and unrelated business taxable income (less section 511 ta See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public An organization organized and operated exclusively for the benefit more publicly supported organizations described in section 509(a)(describes the type of supporting organization and complete lines 1 a Type I b Type II c Typ By checking this box, I certify that the organization is not controlled foundation managers and other than one or more publicly supported if the organization received a written determination from the IRS that supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or controlled the governing body of the supported organization? (ii) A family member of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A family member of a person described in (ii) or (iii) above? (iii) A 35% controlled entity of a person described in (ii) or (iii) above?	Reason for Public Charity Status (All organizations must completed in ization is not a private foundation because it is (For lines 1 through 11, check of A church, convention of churches, or association of churches described in set A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital descricity, and state An organization operated for the benefit of a college or university owned or organization 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from a section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from a activities related to its exempt functions - subject to certain exceptions, and (2 income and unrelated business taxable income (less section 511 tax) from buses esection 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Sen organization organized and operated exclusively for the benefit of, to performore publicly supported organizations described in section 509(a)(1) or section describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III c Type III received a written determination from the IRS that it is a Ty supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution (i) A person who directly or indirectly controls, either alone or together with the governing body of the supported organization? (iii) A 135% controlled entity of a person described in (i) above? Provide the following information about the supported organization in col. (ii) listed in your above or IRC section.	Reason for Public Charity Status (All organizations must complete this part nization is not a private foundation because it is (For lines 1 through 11, check only one by A church, convention of churches, or association of churches described in section 170 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in sectity, and state An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives a substantial part of its support from a government section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contrinactivities related to its exempt functions - subject to certain exceptions, and (2) no more income and unrelated business taxable income (less section 511 tax) from businesses a See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the furmore publicly supported organizations described in section 509(a)(1) or section 509(a)(2) describes the type of supporting organizations and complete lines 11e through 11h. a Type I b Type II c Type III representation from the IRS that it is a Type I, Type supporting organization, check this box. Incertify that the organization is not controlled directly or indirectly foundation managers and other than one or more publicly supported organizations described on (i) a family member of a person described in (i) above? Frovide the following information about the supported organization in col. (ii) listed in your organization (described o	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii), Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170 city, and state An organization operated for the benefit of a college or university owned or operated by a governing section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit of section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, in activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1 income and unrelated business taxable income (less section 511 tax) from businesses acquired be See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (An organization organized and operated exclusively for the benefit of, to perform the functions of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec describes the type of supporting organization and complete lines 11e through 11h. a	Reason for Public Charity Status (All organizations must complete this part.) See instructions nization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membershi activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organization and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr more publicly supported organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)	Reason for Public Charity Status (All organizations must complete this part.) See instructions inzation is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Altach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter toty, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pasection 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization as See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(7) or section 509(a)(8). See section 509(a)(8). Che describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type II b ☐ Type II c ☐ Type III refunctionally integrated described in (ii) and (iii) below, the governing bod	Reason for Public Charity Status (All organizations must complete this part.) See instructions inzation is not a private foundation because it is. (For lines 1 through 11, check only one box.)	Reason for Public Charity Status (All organizations must complete this part.) See instructions inization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 INSTITUTE FOR MENTAL HEALTH RESEARCH 86-1030444 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support			·			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(6) = 000	(2) 2001				.,,
·	membership fees received. (Do not						
	include any "unusual grants.")	697,691.	128,181.	75,487.	80,961.	54,455.	1036775.
2	Tax revenues levied for the organ-	•	•				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					_	
	furnished by a governmental unit to	i					
	the organization without charge						
4	Total. Add lines 1 through 3	697,691.	128,181.	75,487.	80,961.	54,455.	1036775.
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)						
6	Public support. Subtract line 5 from line 4		, ,				1036775.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	697,691.	128,181.	75,487.	80,961.	54,455.	1036775.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	80,617.	79,245.	19,913.	954.	1,139.	181,868.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						1218643.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop			·			
	ction C. Computation of Publi						
14	Public support percentage for 2010 (li	ne 6, column (f) dı	vided by line 11, co	olumn (f))		14	85.08 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	<u>47.59 %</u>
16a	33 1/3% support test - 2010. If the or	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies a						$\triangleright x$
b	33 1/3% support test - 2009. If the or				ne 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	supported organiza	tion			▶∟
17a	10% -facts-and-circumstances test	- 2010. If the orga	inization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "faci					t IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2009. If the orga	inization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	·
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	<u>, 16b, 17a, or 17b</u>			
					Sche	dule A (Form 990	or 990-FZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 Part'III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	If the organization fails to
qualify under the tests listed below, please complete Part II.)	

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	Se	ction A. Public Support	siow, picase com	pioto i dit ii j				
1. Giffs, grants, contributions, and membership fees received (Do not include any Tunusual grants, 1) 2. Gross resigns from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's traceward purpose 3. Gross receipts from activates that are not an unrelated trade or business under section 513 4. Tax reviews leveraf for the organization's traceward from the regimental and to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without change 6. Total. Add lines 1 through 5. A Amounts included on lines 1, 2, and 3 received from disqualified persons but a form that organization without change 6. Total. Add lines 1 through 5. A Amounts included on lines 1, 2, and 3 received from disqualified persons but a form that organization without change 6. Total Support 6. A Amounts included on lines 1, 2, and 3 received from disqualified persons but a form that organization is the service of the service	Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
include any *unusual grants.*] 2 Gross receipts from advisions, merchandise sold or services performed, or facilities furnished in any 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 rerevales level for the organization's benefit and either pard to or expended on its behalf or the organization's benefit and either pard to or expended on its behalf or the organization's benefit and either pard to or expended on its behalf or the organization's benefit and either pard to or expended on its behalf or the organization's benefit and either pard to or expended on its behalf or the organization without charge of Total. Add lines 1 through 5 7a Amounts included on lines 12, and 3 received from disqualified persons but some with the disqualified persons but some without the part of	1	Gifts, grants, contributions, and					T	
2. Gross receipts from admissions, mechanisms sold or serverses performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activates that are not an unrelated trade or business under section 513 4. Tax revenues leved for the organization or sentent and either peat to or expended on its behalf 5. The value of serveces or facilities furnished by a governmental unit to the organization without charge of Total. Add inset 1 through 5 7.a Amounts included on lines 1. 2, and 3 received from disqualified persons by account of the organization without charge of Total. Add lines 1 through 5 7.a Amounts included on lines 1. 2, and 3 received from disqualified persons by account of the organization without charge of Add lines 7 a and 7 to the sensor town's 5 to the system of the organization without on lines 1. 2, and 3 received from disqualified persons by account of the organization without the organization without on lines 1. 2, and 3 received from disqualified persons 1 to the system of the organization without on the system of the organization without on the system organization of the organization without on the system organization without on the system organization of the organ		membership fees received (Do not						
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line 19 is not more than 33 1/304, shock this have and star have. The avaphyration qualifies as a multiply supported avaphyration.	t		-					. —
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualifies	s as a publicly supp	oorted organiza	ation ► 🔛
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	<u> </u>

032023 12-21-10

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

Employer identification number 9.6 - 1.030444

Name of the organization INSTITUTE FOR MENTAL HEALTH RESEARCH	86-1030444
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDENDS	1,139.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
GRANTS	75,000.
SPONSORED PROGRAMS	1,434.
WEBSITE MAINTENANCE	1,000.
CREDIT CARD FEES	107.
DEPRECIATION	847.
DUES AND SUBSCRIPTIONS	140.
INSURANCE	2,422.
MEETINGS AND CONFERENCES	33.
OFFICE SUPPLIES AND EXPENSES	196.
TRAVEL	55.
FUND RAISING EVENT EXPENSES	6,739.
RECRUITMENT	175.
TOTAL TO FORM 990-EZ, LINE 16	88,148.
FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
PRIOR PERIOD ADJUSTMENT	10.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
	F YEAR END OF YEAR
032211 01-24-11	nedule O (Form 990 or 990-EZ) (2010)
1 2	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization INSTITUTE FOR MENTAL HEALTH RESEARCH		identification number 030444
PLEDGES RECEIVABLE	1,354.	0.
SECURITY DEPOSIT	3,767.	0.
TOTAL TO FORM 990-EZ, LINE 24	5,121.	0.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION BEG.	OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	1,151.	1,347.
GRANTS PAYABLE	0	37,500.
ACCRUED EXPENSES	0	2,170.
TOTAL TO FORM 990-EZ, LINE 26	1,151.	41,017.
IDENTIFICATION, TREATMENT, RESEARCH AND PREVENTION OF DISEASES AND DISORDERS, INCLUDING BASIC LABORATORY RESTUDIES, SYSTEMS EVALUATIONS AND THE PROVISION OF PUBLISHINGS IN THESE AREAS.	SEARCH, CL	INICAL AND
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMMAINTAINED A COMPREHENSIVE WEBSITE WITH LINKS TO RESO		;
AND CURRENT INFORMATION FOR CONSUMERS, CAREGIVERS, AN	ID	
PROFESSIONALS.	·····	
AWARDED 3 GRANTS TOTALING \$75,000 FOR RESEARCH IN KEY	MENTAL HE	ALTH
AREAS.		
HELD A CULTIVATION EVENT IN MAY, 2010. INVITED POTEN	TIAL DONOR	S TO
MEET CURRENT SCIENTISTS AS WELL AS BOARD MEMBERS AND	SCIENTIFIC	REVIEW
PANEL. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Forn	n 990 or 990-EZ) (2010)

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

SCHEDULÈ O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization INSTITUTE FOR MENTAL HEALTH RESEARCH	Employer identification number 86-1030444		
HIRED AND INDEPENDENT CONTRACTOR TO SERVE AS A DEVELOPMENT	OFFICER TO		
HELP GROW IMHR'S DONOR BASE.			
			

INSTITUTE FOR MENTAL	HEALTH RESE	ARCH		86-10304	44
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each o	one even if not compens	ated ((see the instructions f	or Part IV)
(a) Name and address	(b) Title and average ho per week devoted to position		tion nter	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROBERT TANCER	BOARD MEMBE	R			
PO BOX 871104, TEMPE, AZ 85287	1.00		0.	0.	0.
	BOARD MEMBE			_	
PO BOX 871104, TEMPE, AZ 85287	1.00		0.	0.	0.
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Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this b	ox	J	×X
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously file	Form 8	3868.	
If you are filing for an Automatic 3-Month Extension, complet				<u> </u>	
Part II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the original (no	copies n	eeded)	
Type or Name of exempt organization			Empl	oyer identification	n number
print INSTITUTE FOR MENTAL HEALTH	RESE	ARCH	8	6-1030444	
File by the extended Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions.			
due date for PO BOX 871104					
return See City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
rempe, AZ 85287					
Enter the Return code for the return that this application is for (file	a separa	te application for each return)		•	0 3
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01		•		
Form 990-BL	02	Form 1041-A			08
Form 990-EZ Form 990-PF	03 04	Form 4720 Form 5227		· · · · · · · · · · · · · · · · · · · 	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		 	11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			usly file	ed Form 8868.	<u></u>
KRISTA PURUHITO					
 The books are in the care of ► PO BOX 871104 		PE, AZ 85287			
Telephone No. ► (480) 727-7873		FAX No. ▶			
If the organization does not have an office or place of business	s in the Ur	nited States, check this box			· 🗆
 If this is for a Group Return, enter the organization's four digit 	Group Exe	emption Number (GEN) If t	his is fo	r the whole group	, check this
box ▶ If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of a	il memb	ers the extension	is for
	NOVEM	BER 15, 2011.			
For calendar year 2010 , or other tax year beginning		, and ending			
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	J Final r	etum	
Change in accounting period					
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN C	ORDER	MO DEEDARE & COMPL		AND ACCIT) A M E
ADDITIONAL TIME IS NEEDED IN C	NDEK	TO PREPARE A COMPL	E.T.E	AND ACCUR	CATE
TAX KBIOKA					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any			
nonrefundable credits. See instructions.	.,, .		8a	s	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		<u> </u>	
tax payments made. Include any prior year overpayment all	•				
previously with Form 8868.			8b	\$	_0.
c Balance due. Subtract line 8b from line 8a. Include your pa	yment wil	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.
		nd Verification			
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete and that I am authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and to	he best c	of my knowledge an	d belief,
Signature Multiple Signature			Date	_/ بم	/,
My way. I may			Dute		(Rev. 1-2011)