



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



Form 990-EZ

Department of the Treasury  
Internal Revenue Service**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 private foundation)  
▶ 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 and total assets less than \$500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2010**Open to Public  
Inspection**A For the 2010 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**INSTITUTE FOR MENTAL HEALTH RESEARCH**

Number and street (or P.O. box, if mail is not delivered to street address)

**PO BOX 871104**

Room/suite

City or town, state or country, and ZIP + 4

**TEMPE, AZ 85287****D** Employer identification number**86-1030444****E** Telephone number**(480) 727-7873****F** Group Exemption

Number ▶

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ **WWW.IMHR.ORG****H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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**L** 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **55,594.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

|          |  |  |          |            |
|----------|--|--|----------|------------|
| Revenue  | 1  | Contributions, gifts, grants, and similar amounts received   | 1        | 54,455.    |
|          | 2  | Program service revenue including government fees and contracts  | 2        |            |
|          | 3  | Membership dues and assessments  | 3        |            |
|          | 4  | Investment income  | 4        | 1,139.     |
|          | 5a   | Gross amount from sale of assets other than inventory  | 5a       |            |
|          | 5b   | Less: cost or other basis and sales expenses   | 5b       |            |
|          | 5c   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c       |            |
|          | 6  | Gaming and fundraising events  | 6        |            |
|          | 6a   | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a       |            |
|          | 6b   | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b       |            |
| 6c       | Less: direct expenses from gaming and fundraising events   | 6c   |          |            |
| 6d       | 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   | 7b   |          |            |
| 7c       | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     | 7c   |          |            |
| 8        | Other revenue (describe in Schedule O)   | 8  |          |            |
| 9        | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶                                    | 9  | 55,594.  |            |
| Expenses | 10   | Grants and similar amounts paid (list in Schedule O)   | 10       |            |
|          | 11   | Benefits paid to or for members  | 11       |            |
|          | 12   | Salaries, other compensation, and employee benefits  | 12       |            |
|          | 13   | Professional fees and other payments to independent contractors  | 13       | 61,164.    |
|          | 14   | Occupancy, rent, utilities, and maintenance  | 14       | 12,568.    |
|          | 15   | Printing, publications, postage, and shipping  | 15       | 610.       |
|          | 16   | Other expenses (describe in Schedule O)  | 16       | 88,148.    |
|          | 17   | <b>Total expenses.</b> Add lines 10 through 16 ▶   | 17       | 162,490.   |
|          | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18       | <106,896.> |
|          | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   | 19       | 230,061.   |
| 20       | Other changes in net assets or fund balances (explain in Schedule O)                               | 20   | 10.      |            |
| 21       | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶                   | 21   | 123,175. |            |

**CA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

032171  
02-02-11

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 224,255.              | 22 | 163,204.        |
| 23 Land and buildings  | 1,836.                | 23 | 988.            |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O                        | 5,121.                | 24 | 0.              |
| 25 Total assets  | 231,212.              | 25 | 164,192.        |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O                   | 1,151.                | 26 | 41,017.         |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 230,061.              | 27 | 123,175.        |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 **SEE SCHEDULE O**(Grants \$ ) If this amount includes foreign grants, check here ☐ 28a

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a

32 Total program service expenses (add lines 28a through 31a)

32 0.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

| (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 & deferred compensation | (e) Expense account and other allowances |
|---|--|--|---|--|
| MICHAEL F MEYER<br>PO BOX 871104, TEMPE, AZ 85287             | PRESIDENT<br>10.00                                       | 0.   | 0.  | 0.                                       |
| GARY GROVE, M.D. FAPA<br>PO BOX 871104, TEMPE, AZ 85287       | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |
| JOAN RANKING SHAPIRO, PH.D.<br>PO BOX 871104, TEMPE, AZ 85287 | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |
| SARA T GORDON<br>PO BOX 871104, TEMPE, AZ 85287               | BOARD TREASURER<br>2.50                                  | 0.   | 0.  | 0.                                       |
| SHELLEY CANIGLIA<br>PO BOX 871104, TEMPE, AZ 85287            | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |
| DANIEL B KESSLER, M.D.<br>PO BOX 871104, TEMPE, AZ 85287      | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |
| DAVID O'DONOGHUE<br>PO BOX 871104, TEMPE, AZ 85287            | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |
| MARK LANDY, CPA<br>PO BOX 871104, TEMPE, AZ 85287             | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |
| RICHARD D. LANE, M.D., PH.D<br>PO BOX 871104, TEMPE, AZ 85287 | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |
| KAREN GILL MEYER, CFP<br>PO BOX 871104, TEMPE, AZ 85287       | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |
| LAUREN MEYER<br>PO BOX 871104, TEMPE, AZ 85287                | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |
| ALAN STEINBERG<br>PO BOX 871104, TEMPE, AZ 85287              | BOARD MEMBER<br>1.00                                     | 0.   | 0.  | 0.                                       |

**Part V 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 ☐

|   | 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  |     | X  |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)   |     | 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 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?  | N/A |    |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  |     | X  |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">37a 0.</span>   |     |    |
| b Did the organization file Form 1120-POL for this year?  |     | X  |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  |     | X  |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;">38b N/A</span>   |     |    |
| 39 Section 501(c)(7) organizations. Enter:  |     |    |
| a Initiation fees and capital contributions included on line 9 <span style="float: right;">39a N/A</span>   |     |    |
| b Gross receipts, included on line 9, for public use of club facilities <span style="float: right;">39b N/A</span>  |     |    |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 <span style="float: right;">0.</span> ; section 4912 <span style="float: right;">0.</span> ; section 4955 <span style="float: right;">0.</span>   |     |    |
| 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 |     | 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 <span style="float: right;">0.</span>   |     |    |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">0.</span>   |     |    |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  |     | X  |
| 41 List the states with which a copy of this return is filed. <span style="float: right;">AZ</span>   |     |    |
| 42a The organization's books are in care of <span style="float: right;">KRISTA PURUHITO</span> Telephone no. <span style="float: right;">(480) 727-7873</span><br>Located at <span style="float: right;">PO BOX 871104, TEMPE, AZ</span> ZIP + 4 <span style="float: right;">85287</span>                                 |     |    |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | Yes | No |
| If "Yes," enter the name of the foreign country: <span style="float: right;">0.</span>  | 42b | X  |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  |     | X  |
| If "Yes," enter the name of the foreign country: <span style="float: right;">0.</span>  | 42c |    |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">0.</span><br>and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">43 N/A</span>   |     |    |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | X  |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | X  |
| c Did the organization receive any payments for indoor tanning services during the year?  |     | X  |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |     |    |
|   | 44d |    |

Form 990-EZ (2010)

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|     | Yes | No |
|-----|-----|----|
| 45  |     | X  |
| 45a |     | X  |
| 46  |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|     | Yes | No |
|-----|-----|----|
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |

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

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

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here Date 9/17/11

Signature of officer SARA T GORDON

Type or print name and title SARA T GORDON, Treasurer

Paid Preparer Use Only

Print/Type preparer's name MARK L. LANDY Preparer's signature Mark L. Landy Date 9/17/11 Check ☐ if self-employed PTIN

Firm's name MILLER, ALLEN & CO., P. C. Firm's EIN

Firm's address 5333 N. 7TH STREET, SUITE 100 Phone no. (602) 264-3888

PHOENIX, AZ 85014-2804

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 697,691. | 128,181. | 75,487.  | 80,961.  | 54,455.  | 1,036,775. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |            |
| <b>4 Total.</b> Add lines 1 through 3  | 697,691. | 128,181. | 75,487.  | 80,961.  | 54,455.  | 1,036,775. |
| <b>5</b> 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) |          |          |          |          |          |            |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 1,036,775. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| <b>7</b> Amounts from line 4   | 697,691. | 128,181. | 75,487.  | 80,961.  | 54,455.  | 1,036,775. |
| <b>8</b> 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.   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |          |            |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |            |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 1,218,643. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | 12       |            |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> |          |          |          |          |          |            |

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

|   |    |       |   |
|---|----|-------|---|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  | 14 | 85.08 | % |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14  | 15 | 47.59 | % |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>   |    |       |   |
| <b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>   |    |       |   |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>    |    |       |   |
| <b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |    |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>   |    |       |   |

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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b> <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b> <b>Public support</b> (Subtract line 7c from line 6)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| <b>13</b> <b>Total support</b> (Add lines 9, 10c, 11, and 12)  |          |          |          |          |          |           |
| <b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 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 line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

INSTITUTE FOR MENTAL HEALTH RESEARCH

Employer identification number  
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:**

**DESCRIPTION**

**BEG. OF YEAR**

**END OF YEAR**

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

INSTITUTE FOR MENTAL HEALTH RESEARCH

Employer identification number  
86-1030444

|                               |        |    |
|-------------------------------|--------|----|
| 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.     |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE FOR THE  
IDENTIFICATION, TREATMENT, RESEARCH AND PREVENTION OF MENTAL HEALTH  
DISEASES AND DISORDERS, INCLUDING BASIC LABORATORY RESEARCH, CLINICAL  
STUDIES, SYSTEMS EVALUATIONS AND THE PROVISION OF PUBLICATIONS AND  
SEMINARS IN THESE AREAS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

MAINTAINED A COMPREHENSIVE WEBSITE WITH LINKS TO RESOURCES  
AND CURRENT INFORMATION FOR CONSUMERS, CAREGIVERS, AND  
PROFESSIONALS.

AWARDED 3 GRANTS TOTALING \$75,000 FOR RESEARCH IN KEY MENTAL HEALTH  
AREAS.

HELD A CULTIVATION EVENT IN MAY, 2010. INVITED POTENTIAL DONORS TO  
MEET CURRENT SCIENTISTS AS WELL AS BOARD MEMBERS AND SCIENTIFIC REVIEW  
PANEL.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

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.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

|  |   |                                |
|--|---|--------------------------------|
| Type or print<br><br>File by the extended due date for filing your return. See instructions. | Name of exempt organization   | Employer identification number |
|  | <b>INSTITUTE FOR MENTAL HEALTH RESEARCH</b>   | <b>86-1030444</b>              |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.                    |                                |
|  | <b>PO BOX 871104</b>  |                                |
|  | City, town, or post office, state, and ZIP code. For a foreign address, see instructions. |                                |
|  | <b>TEMPE, AZ 85287</b>  |                                |

Enter the Return code for the return that this application is for (file a separate application for each return)

**03**

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 03          | Form 4720          | 09          |
| Form 990-PF                              | 04          | 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 an automatic 3-month extension on a previously filed Form 8868.**

**KRISTA PURUHITO**

• The books are in the care of **PO BOX 871104 - TEMPE, AZ 85287**

Telephone No. **(480) 727-7873**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**

5 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, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN**

|   |    |    |    |
|---|----|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | 8c | \$ | 0. |

**Signature and Verification**

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

Signature **** Title **CPA**

Date **8/3/14**

Form 8868 (Rev. 1-2011)