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Form **990-EZ**

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

OMB No 1545 1150

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**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 (see instructions) 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

A For the 2010 calendar year, or tax year beginning 9/01 , **2010, and ending** 8/31 , **2011**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C MHMR VISIONS 3840 HULEN STREET, NORTH TOWER FORT WORTH, TX 76107-7277	D Employer identification number <u>75-2890731</u>
		E Telephone number <u>817-569-4540</u>
		F Group Exemption Number _____ ▶

G Accounting Method. Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW.MHMRVISIONS.ORG

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

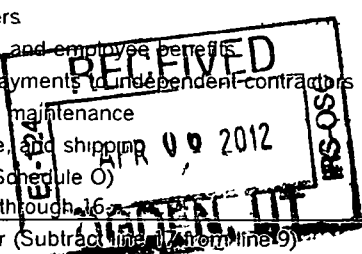
K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file 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 ▶ \$ 106,309.

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	75,174.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	701.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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 gross income and contributions exceeds \$15,000)	6b	30,434.	
c Less direct expenses from gaming and fundraising events	6c	8,722.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	21,712.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97,587.	
10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	10	171,769.
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	
13 Professional fees and other payments to independent contractors		13	
14 Occupancy, rent, utilities, and maintenance		14	
15 Printing, publications, postage, and shipping		15	
16 Other expenses (describe in Schedule O)	SEE SCHEDULE O	16	52,339.
17 Total expenses. Add lines 10 through 16		17	224,108.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-126,521.
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	99,938.
20 Other changes in net assets or fund balances (explain in Schedule O)	SEE SCHEDULE O	20	202,295.
21 Net assets or fund balances at end of year Combine lines 18 through 20		21	175,712.



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BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

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Part V Other Information (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

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 (see instructions)?		
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 ▶ <u>37a</u> 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a 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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The organization's books are in care of **▶** MHMR OF TARRANT COUNTY Telephone no **▶** 817-569-4540
 Located at **▶** 3840 HULEN FORT WORTH TX ZIP + 4 **▶** 76107-7277

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____	42c	X

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

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	

- 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 (see inst.)
- 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?

	Yes	No
47		X
48		X
49a		X
49b		

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

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

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

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

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

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

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
 Signature of officer: *Jacob Richter* Board Chair Date: 3/23/2012
 Type of print name and title: JACOB RICHTER, BOARD CHAIR

Paid Preparer Use Only
 Print/Type preparer's name: THOMAS L. NELSON Preparer's signature: *Thomas Nelson* CMA Date: 3/15/12
 Firm's name: SCOTT, SINGLETON, FINCHER, & CO. Check if self employed PTIN: N/A
 Firm's address: 4815 KING STREET, SUITE A GREENVILLE, TX 75401 Firm's EIN: N/A Phone no: (903) 455-4765

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

MHMR VISIONS

Employer identification number

75-2890731

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III — Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	117,872.	189,407.	118,508.	157,121.	81,556.	664,464.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	117,872.	189,407.	118,508.	157,121.	81,556.	664,464.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						664,464.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	117,872.	189,407.	118,508.	157,121.	81,556.	664,464.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,271.	3,901.	129.	148.	701.	6,150.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						670,614.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.1 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.1 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. 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 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		OPENING DOORS (event type)	(event type)	(total number)	(add column (a) through column (c))
	1	Gross receipts	30,434.		30,434.
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	30,434.		30,434.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	6,085.		6,085.
	8	Entertainment			
	9	Other direct expenses	2,637.		2,637.
	10	Direct expense summary Add lines 4- through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				21,712.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain. _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b %

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

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name >
Address >

16 Gaming manager information

Name >

Gaming manager compensation > \$ _____

Description of services provided >

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

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

MHMR VISIONS

Employer identification number

75-2890731

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

MHMR VISIONS IS THE FOUNDATION FOR MHMR OF TARRANT COUNTY. THE MISSION OF MHMR VISIONS IS TO PRESERVE AND ENHANCE AT-RISK SERVICES FOR PEOPLE WITH MENTAL HEALTH, INTELLECTUAL DEVELOPMENTAL DISABILITIES, ADDICTION, AND EARLY CHILDHOOD DEVELOPMENT NEEDS.

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

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

ADOLESCENT RESIDENTIAL SUBSTANCE ABUSE TREATMENT

THE MISSION OF THE ADOLESCENT SUBSTANCE ABUSE TREATMENT PROGRAM IS TO HELP ADOLESCENTS AND THEIR FAMILIES AS THEY TAKE THE PATH OF RECOVERY FROM SUBSTANCE ABUSE AND CHEMICAL DEPENDENCY. TARRANT YOUTH RECOVERY CAMPUS (TYRC) PROVIDES COMPREHENSIVE RESIDENTIAL AND OUTPATIENT TREATMENT FOR YOUTH BETWEEN THE AGES OF 13-17. THE RESIDENTIAL PROGRAM PROVIDES INDIVIDUAL AND GROUP THERAPY, SUBSTANCE ABUSE EDUCATION, LIFE SKILLS TRAINING, ANGER MANAGEMENT, AN ON-SITE SCHOOL, AND FAMILY COUNSELING FOR YOUTH.

MHMR VISIONS SPONSORED TREATMENT FOR 3 ADOLESCENTS IN THE MHMRTC TYRC 60 DAY RESIDENTIAL PROGRAM. (\$26,917)

Name of the organization

MHMR VISIONS

Employer identification number

75-2890731

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

MHMR VISIONS UNDERWROTE THE ADOLESCENT COMMUNITY REINFORCEMENT AND ASSERTIVE CONTINUING CARE (ACRA/ACC) PROGRAM OF MHMRTC. ACRA/ACC STAFF WORK IN COLLABORATION WITH THE FORT WORTH ISD ATTENDANCE CONTROL COURT TO SCREEN, ASSESS AND TREAT STUDENTS REFERRED TO THE COURT AS A RESULT OF TRUANCY ISSUES. STUDENTS WHO EXHIBIT TRUANCY AND SUBSTANCE ABUSE BEHAVIOR ARE REFERRED TO THE ACRA/ACC PROGRAM. SERVICES INCLUDE 12-14 WEEKS OF INTENSIVE FORMAL IN-OFFICE STRUCTURED THERAPY WHERE PARENTAL PARTICIPATION IS EXPECTED. PHASE TWO IS COMPRISED OF 12 INDIVIDUAL COMMUNITY SUPPORT SESSIONS IN THE HOME OR NEIGHBORHOOD WHERE THE ADOLESCENT LIVES. BETWEEN JANUARY 1 AND SEPTEMBER 7, 2011 THE ACRA/ACC PROGRAM SERVED A TOTAL OF 30 CLIENTS. (\$67,500).

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

INTELLECTUAL AND DEVELOPMENTAL DISABILITY SERVICES

THE MISSION OF THE MHMRTC INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PROGRAM IS TO HELP PEOPLE DEVELOP EMPLOYMENT SKILLS THROUGH PAID WORK EXPERIENCE AND PROVIDE LIFE-FULFILLING OPPORTUNITIES FOR PERSONAL GROWTH. MHMR VISIONS OUTFITTED A NEW SENSORY THERAPY ENVIRONMENT FOR 50 INDIVIDUALS ENROLLED IN A SUPPORTED EMPLOYMENT/DAY HABILITATION PROGRAM. THE SENSORY THERAPY ENVIRONMENT IS INNOVATIVE IN THE TRAINING IT PROVIDES. THE PROGRAM IS SERVING AS A PILOT PROJECT FOR THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES DIVISION OF MHMRTC.

MHMR VISIONS PROVIDED WEEKLY MUSIC THERAPY FOR APPROXIMATELY 50 INDIVIDUALS, ZUMBA EXERCISE CLASSES FOR APPROXIMATELY 20 INDIVIDUALS IN DAY HABILITATION PROGRAMS, AND SUPPORTED A PROGRAM OF HIGH QUALITY AFTER SCHOOL RESPITE CARE FOR ADOLESCENTS.

Name of the organization

Employer identification number

MHMR VISIONS

75-2890731

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

MHMR VISIONS PROVIDED SOUND EQUIPMENT FOR THE WE HAVE A VOICE ADVOCACY GROUP OF MHMRTC. THE ACTING TROOP EMPOWERS YOUNG ADULTS TO SPEAK UP AND EDUCATE THE COMMUNITY REGARDING ISSUES AFFECTING PEOPLE WITH INTELLECTUAL DISABILITIES THROUGH THE USE OF SONGS AND SKITS.

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

MHMRTC LIBERTY HOUSE

LIBERTY HOUSE OF MHMRTC IS A TRANSITIONAL LIVING PROGRAM FOR HOMELESS VETERANS. THE 30 BED FACILITY OPENED MARCH, 2010 AND HAS BEEN AT 100% OCCUPANCY EVER SINCE. IT OFFERS SUPPORTIVE SERVICES LEADING TO RECOVERY, EMPLOYMENT, AND COMMUNITY REINTEGRATION. MHMR VISIONS UNDERWROTE RENOVATION OF THE FACILITY KITCHEN, PROVIDED START UP SUPPLIES AND PROVIDED FUNDING FOR RESIDENTIAL SERVICES NOT COVERED BY THE VETERANS ADMINISTRATION PER DIEM ALLOCATION.

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

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

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

CLIENT 76166

MHMR VISIONS

75-2890731

**FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME:	MHMR TARRANT COUNTY - LIBERTY HOUSE		
DONEE'S ADDRESS:	3840 HULEN STREET, NORTH TOWER FT. WORTH, TX 76107		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	54,129.
DONEE'S NAME:	MHMRTC - TARRANT YOUTH RECOVERY CAMPUS		
DONEE'S ADDRESS:	3840 HULEN STREET, NORTH TOWER FT WORTH, TX 76107		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	94,417.
DONEE'S NAME:	MHMRTC-INTELLECTUAL-DEV DISABILITY SRVC		
DONEE'S ADDRESS:	3840 HULEN STREET, NORTH TOWER FORT WORTH, TX 76107		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	23,223.

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

ADMINISTRATIVE OVERHEAD	\$	48,747.
CHILDRENS SERVICES		16.
FUND RAISING		985.
OTHER PROGRAMS		2,564.
PUBLIC RELATIONS		27.
TOTAL	\$	<u>52,339.</u>

**FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

RECLASS DEFERRED REVENUE TO TEMP RESTRICTED ASSETS	\$	202,295.
TOTAL	\$	<u>202,295.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE	\$ 202,295.	\$ 0.
TOTAL	<u>\$ 202,295.</u>	<u>\$ 0.</u>

CLIENT 76166

MHMR VISIONS

75-2890731

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JIM MCDERMOTT 3840 HULEN ST. STE 600 FORT WORTH, TX 76107	EX-OFFICIO MBR \$ 2	0. \$	0. \$	0.
TERRI ELLIS 1205 MISTLETOE DR FORT WORTH, TX 76110	ADVISORY MBR 2	0.	0.	0.
SCOT PIERCE 3161 WESTCLIFF RD W FORT WORTH, TX 76109	DIRECTOR 2	0.	0.	0.
CAROL RECORD 4837 DEXTER AVENUE FORT WORTH, TX 76107	DIRECTOR 3	0.	0.	0.
STEVE PUKISH 4500 FIR DRIVE KELLER, TX 76248	ADVISORY MBR 1	0.	0.	0.
SALLY BURT 1204 S. ADAMS DRIVE FORT WORTH, TX 76104	DIRECTOR 2	0.	0.	0.
SHERI CAPEHART 4417 GARDEN DRIVE ARLINGTON, TX 76001	ADVISORY MBR 1	0.	0.	0.
SERGIO DE LEON 300 W BELKNAP FORT WORTH, TX 76107	DIRECTOR 2	0.	0.	0.
JAKE RICHTER 101 SUMMIT AVE., STE 500 FORT WORTH, TX 76102	CHAIRMAN 3	0.	0.	0.
MARY E MAY 4720 MACKEY DRIVE N RICHLAND HILLS, TX 76180	TREASURER 3	0.	0.	0.
DUSTIN VAN ORNE 3517 YUCCA AVE FORT WORTH, TX 76111	VICE-CHAIR 3	0.	0.	0.
SUNDEE HINCHLIFFE 4501 WOODVIEW STREET ARLINGTON, TX 76013	DIRECTOR 2	0.	0.	0.

CLIENT 76166

MHMR VISIONS

75-2890731

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVE SMITH 1300 S UNIVERSITY DR, STE 510 FORT WORTH, TX 76107	SECRETARY 2	\$ 0.	\$ 0.	\$ 0.
ELIZABETH O'BRIEN 2220 WINDSOR PLACE FORT WORTH, TX 76110	DIRECTOR 2	0.	0.	0.
ELAINE KLOS 6420 ROSEMONT AVE FORT WORTH, TX 76116	BOARD LIASON 3	0.	0.	0.
NIKKI HATLEY 3840 HULEN ST., STE 516 FORT WORTH, TX 76107	EXECUTIVE DIREC 40	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization MHMR VISIONS	Employer identification number 75-2890731
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions. 3840 HULEN STREET, NORTH TOWER	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WORTH, TX 76107-7277	

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-T (corporation)	07
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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ MHMR OF TARRANT COUNTY
- Telephone No. ▶ 817-569-4540 FAX No. ▶ 817-569-4496
- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 4/15, 20 12, to file the exempt organization return for the organization named above.
 The extension is for the organization's return for:
 ▶ calendar year 20 ____ or
 ▶ tax year beginning 9/01, 20 10, and ending 8/31, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return
 Change in accounting period

3a 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.	3a	\$ 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.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.