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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2011

For calendar year 2011, or tax year beginning 01-01-2011 , and ending 12-31-2011

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

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

A Employer identification number
72-0446138

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

Room/suite

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

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

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

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

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 19,418,145

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

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

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

Part I	Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))*	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,128,066			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	6,741	6,741		
	4 Dividends and interest from securities	385,223	385,223		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	744,082			
	b Gross sales price for all assets on line 6a 3,672,200				
	7 Capital gain net income (from Part IV, line 2)		744,082		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	1,060			
	12 **Total.** Add lines 1 through 11	2,265,172	1,136,046		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	100,200	25,050		75,150
	14 Other employee salaries and wages	38,804			38,804
	15 Pension plans, employee benefits	15,698	2,784		12,914
	16a Legal fees (attach schedule)	3,659	915		2,744
	b Accounting fees (attach schedule)	10,580	2,645		7,935
	c Other professional fees (attach schedule)	107,576	76,495		31,081
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	21,000			
	19 Depreciation (attach schedule) and depletion	1,384			
	20 Occupancy	21,591			21,591
	21 Travel, conferences, and meetings	10,147			10,147
	22 Printing and publications	15			15
	23 Other expenses (attach schedule)	206,059	674		205,385
	24 **Total operating and administrative expenses.** Add lines 13 through 23	536,713	108,563		405,766
	25 Contributions, gifts, grants paid	61,080			425,985
	26 **Total expenses and disbursements.** Add lines 24 and 25	597,793	108,563		831,751
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	1,667,379			
	b **Net investment income** (if negative, enter -0-)		1,027,483		
	c **Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	131,087	673,610	673,610
	2	Savings and temporary cash investments	2,155,236	1,357,539	1,357,539
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶ 313,000			
		Less allowance for doubtful accounts ▶		313,000	313,000
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ 25,300			
		Less allowance for doubtful accounts ▶	9,500	25,300	25,300
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	8,494		
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	16,052,733	16,804,206	16,804,206
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	138,204	218,120	218,120
	14	Land, buildings, and equipment basis ▶ 22,448			
		Less accumulated depreciation (attach schedule) ▶ 19,650	3,536	2,798	2,798
	15	Other assets (describe ▶)	17,907	23,572	23,572
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	18,516,697	19,418,145	19,418,145
Liabilities	17	Accounts payable and accrued expenses	33,844	18,896	
	18	Grants payable	709,009	344,104	
	19	Deferred revenue	24,500		
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)		15,481	
	23	**Total liabilities** (add lines 17 through 22)	767,353	378,481	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	17,749,344	18,109,564	
	25	Temporarily restricted		930,100	
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see page 17 of the instructions)	17,749,344	19,039,664	
	31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	18,516,697	19,418,145	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	17,749,344
2	Enter amount from Part I, line 27a	2	1,667,379
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	19,416,723
5	Decreases not included in line 2 (itemize) ▶	5	377,059
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	19,039,664

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	744,082
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	122,786

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

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

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

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

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	1,012,278	17,299,077	0 05852
2009	1,069,526	16,321,683	0 06553
2008	1,100,919	19,157,942	0 05747
2007	941,572	21,472,906	0 04385
2006	846,270	20,307,808	0 04167

2	**Total** of line 1, column (d)	2	0 26703
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 05341
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	18,050,798
5	Multiply line 4 by line 3	5	964,021
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	10,275
7	Add lines 5 and 6	7	974,296
8	Enter qualifying distributions from Part XII, line 4	8	831,751

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	20,550
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	20,550
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	20,550
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011 — 6a: 7,360		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 13,640		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	21,000
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	18
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	432
11	Enter the amount of line 10 to be **Credited to 2012 estimated tax** ▶ 432 **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ LA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b		No
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ www imhno org

14 The books are in care of ▶ NANCY FREEMAN Telephone no ▶ (504) 566-1852

Located at ▶ 1055 ST CHARLES AVENUE NEW ORLEANS LA ZIP+4 ▶ 70130

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15

16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see page 20 of the instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2011 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)*	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ **Yes** ☑ **No**			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ **Yes** ☑ **No**			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ **Yes** ☑ **No**			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ **Yes** ☑ **No**			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ **Yes** ☑ **No**			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	**5b**		**No**
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ **Yes** ☑ **No**			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ **Yes** ☑ **No**			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**		**No**
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ **Yes** ☑ **No**			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		**No**

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

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶

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

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. ▶

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 Bridge to Quality Program-a model for instituting and sustaining improvements in the quality of child care available to low-income families in Orleans Parish (including $9,980 of grants made directly to three child care centers)	193,082
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions	
3	

Total. Add lines 1 through 3. ▶

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	16,930,847
b	Average of monthly cash balances		1b	1,975,781
c	Fair market value of all other assets (see page 24 of the instructions)		1c	45,553
d	**Total** (add lines 1a, b, and c)		1d	18,952,181
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	
3	Subtract line 2 from line 1d		3	18,952,181
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)		4	901,383
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	18,050,798
6	**Minimum investment return.** Enter 5% of line 5		6	902,540

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

1	Minimum investment return from Part X, line 6			1	902,540
2a	Tax on investment income for 2011 from Part VI, line 5	2a	20,550		
b	Income tax for 2011 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	20,550
3	Distributable amount before adjustments Subtract line 2c from line 1			3	881,990
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	881,990
6	Deduction from distributable amount (see page 25 of the instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	881,990

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes			
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26		1a	831,751
b	Program-related investments—total from Part IX-B		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the			
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4	831,751
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)		5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4		6	831,751

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				881,990
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2011				
a From 2006.				
b From 2007.				
c From 2008.				
d From 2009. 101,185				
e From 2010. 161,970				
f **Total** of lines 3a through e.	263,155			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ $ 831,751				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .	0			
d Applied to 2011 distributable amount.				831,751
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011	50,239			50,239
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	212,916			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions).	193,082			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see page 27 of the instructions).				
9 **Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a	19,834			
10 Analysis of line 9				
a Excess from 2007. . . .				
b Excess from 2008. . . .				
c Excess from 2009. . . .				
d Excess from 2010. . . . 19,834				
e Excess from 2011. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

Check here ▶☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE SCHEDULE 1 VARIOUS NEW ORLEANS, LA 70130	NONE	N/A	MENTAL HEALTH RESEARCH & SERVICES	425,985
Total . . . . . ▶ **3a**				425,985
b *Approved for future payment*				
SEE SCHEDULE 2 VARIOUS NEW ORLEANS, LA 70130	NONE	N/A	MENTAL HEALTH RESEARCH AND SERVICES	36,000
Total . . . . . ▶ **3b**				36,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	6,741	
4 Dividends and interest from securities			14	385,223	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	744,082	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a Other Income					1,060
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				1,136,046	1,060
13 **Total.** Add line 12, columns (b), (d), and (e)				13	1,137,106

(See worksheet in line 13 instructions on page 28 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions)
11A	Income associated with a charitable program related to the Institute's exempt purpose

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

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

Sign Here

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

******	2012-08-02	******
Signature of officer or trustee	Date	Title

Paid Preparer's Use Only

Preparer's Signature	Kirth M Paciera	Date	Check if self-employed ☐	PTIN
Firm's name ▶	PACIERA GAUTREAU & PRIEST LLC CPAS		Firm's EIN ▶	
Firm's address ▶	3209 RIDGELAKE DR STE 200 METAIRIE, LA 700024982		Phone no (504) 486-5573	

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

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2011

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

Employer identification number
72-0446138

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule—

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year . . . . . ▶ $ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Employer identification number
72-0446138

Part I **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Conrad Hilton Foundation 10100 Santa Monica Blvd Los Angeles, CA 90067	$ 1,000,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
1	United Way 2515 Canal Street New Orleans, LA 70119	$ 128,066	☑ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
____		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
____		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
____		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
____		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)

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

Employer identification number
72-0446138

Part II **Noncash Property** (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

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

Employer identification number
72-0446138

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete columns **(a)** through **(e) and** the following line entry)
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 72-0446138
Name: INSTITUTE OF MENTAL HYGIENE OF THE CITY OF NEW ORLEANS

Form 990PF - Special Condition Description:

Special Condition Description

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

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
PUBLICLY TRADED SECURITIES	P	2009-06-30	2011-06-30
PUBLICLY TRADED SECURITIES	P	2011-06-30	2011-06-30
PUBLICLY TRADED SECURITIES	P	2009-06-30	2011-06-30
PUBLICLY TRADED SECURITIES	P	2011-06-30	2011-06-30
PUBLICLY TRADED SECURITIES	P	2009-06-30	2011-06-30
PUBLICLY TRADED SECURITIES	P	2011-06-30	2011-06-30

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

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
1,070,808		1,147,971	-77,163
10,050		19,450	-9,400
528,186		473,195	54,991
175,214		174,745	469
1,456,285		812,817	643,468
431,657		299,940	131,717

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			-77,163
			-9,400
			54,991
			469
			643,468
			131,717

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
CAROL WISE 1021 STATE ST NEW ORLEANS,LA 70118	Director 0 00	0		
ALAN FRANCO 809 JEFFERSON HWY JEFFERSON,LA 70121	Director 0 00	0		
LEE REID 4500 ONE SHELL SQUARE NEW ORLEANS,LA 70139	Director 0 00	0		
NANCY FREEMAN 1055 ST CHARLES AVE STE 350 NEW ORLEANS,LA 70130	Executive Direc 40 00	90,000	10,200	
GEOFFREY NAGLE 1400 CANAL STREET TB-52 NEW ORLEANS,LA 70112	Director 0 00	0		
AYANNA BUTLER 7924 MONETT ST METAIRIE,LA 70003	Director 0 00	0		
KYSHUN WEBSTER PH D 66 YOSEMITE DRIVE NEW ORLEANS,LA 70131	Director 0 00	0		
TED QUANT 7214 ST CHARLES AVE BOX 907 NEW ORLEANS,LA 70118	Director 0 00	0		
SARAH NEWELL USDIN 200 BROADWAY STE 108 NEW ORLEANS,LA 70118	Director 0 00	0		
JULIUS E KIMBROUGH JR 6600 PLAZA DRIVE STE 600 NEW ORLEANS,LA 70127	Treasurer 0 00	0		
BEVERLY R NICHOLS 111 VETERANS BLVD STE 1700 METAIRIE,LA 70005	Director 0 00	0		
BONNIE GOLDBLUM 7436 HURST STREET NEW ORLEANS,LA 70118	President 0 00	0		
MARTIN DRELL MD 1542 TULANE AVENUE RM 236 NEW ORLEANS,LA 70112	Director 0 00	0		
JUDITH KIEFF 387 CROSS GATES BLVD SLIDELL,LA 70461	Director 0 00	0		
BERNADETTE D'SOUZA 1010 COMMON ST STE 1400A NEW ORLEANS,LA 70112	Secretary 0 00	0		
DEENA GERBER 3330 W ESPLANADE AVE STE 600 METAIRIE,LA 70002	Director 0 00	0		
J STOREY CHARBONNET 639 LOYOLA AVENUE SUITE 2775 NEW ORLEANS,LA 70113	Vice President 0 00	0		
ERIN BOLLES 1000 HOWARD AVENUE SUITE 800 NEW ORLEANS,LA 70113	Director 0 00	0		

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TY 2011 Accounting Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 11000144
Software Version: 2011v1.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	10,580	2,645	0	7,935

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TY 2011 Cash Deemed Charitable Explanation Statement

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

EIN: 72-0446138

Software ID: 11000144

Software Version: 2011v1.2

Explanation: IN 2011, IMH RECEIVED FUNDING FROM A PRIVATE FOUNDATION TO ADMINISTER THE BRIDGE FOR QUALITY PROGRAM. AT YEAR END, $617,100 IS TEMPORARILY RESTRICTED FOR THIS PROGRAM. THIS AMOUNT WILL BE EXPENDED IN 2012. CASH DEEMED HELD FOR CHARITABLE ACTIVITIES = $617,100 + $284,283 (1.5% OF FAIR MARKET VALUE) = $901,383

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TY 2011 Explanation of Non-Filing with Attorney General Statement

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

EIN: 72-0446138

Software ID: 11000144

Software Version: 2011v1.2

Statement: Louisiana's Attorney General's office does not require a private foundation to submit a copy of its Form 990PF to the state office. Confirmed with Louisiana's Attorney General's office on 5/31/12.

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TY 2011 Investments Corporate Stock Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 11000144
Software Version: 2011v1.2

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS	6,133,398	6,133,398
EQUITIES	10,670,808	10,670,808

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TY 2011 Investments - Other Schedule

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

EIN: 72-0446138

Software ID: 11000144

Software Version: 2011v1.2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE INVESTMENT TRUST	FMV	218,120	218,120

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TY 2011 Land, Etc. Schedule

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

EIN: 72-0446138

Software ID: 11000144

Software Version: 2011v1.2

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Furniture and Fixtures	22,448	19,650	2,798	2,798

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TY 2011 Legal Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 11000144
Software Version: 2011v1.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	3,659	915	0	2,744

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TY 2011 Other Assets Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 11000144
Software Version: 2011v1.2

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INVESTMENT INCOME	17,907	23,572	23,572

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TY 2011 Other Decreases Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 11000144
Software Version: 2011v1.2

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	377,059

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TY 2011 Other Expenses Schedule

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

EIN: 72-0446138

Software ID: 11000144

Software Version: 2011v1.2

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	3,962			3,962
SUPPLIES	3,089			3,089
REPAIRS/SERVICE CONTRACTS	2,165			2,165
POSTAGE	171			171
MISCELLANEOUS	1,809			1,809
MEMBERSHIPS	2,795			2,795
INSURANCE- OFFICE	4,446			4,446
INSURANCE- D&O	2,695	674		2,021
DATA PROCESSING	859			859
COMPUTER SUPPLIES	409			409
BRIDGE TO QUALITY EXPENSES	183,102			183,102
BOOKS AND PUBLICATIONS	557			557

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TY 2011 Other Income Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 11000144
Software Version: 2011v1.2

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other Income	1,060		

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TY 2011 Other Liabilities Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 11000144
Software Version: 2011v1.2

Description	Beginning of Year - Book Value	End of Year - Book Value
Rounding		1
INCOME TAXES PAYABLE		15,480

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

TY 2011 Other Notes/Loans Receivable Long Schedule

Name: INSTITUTE OF MENTAL HYGIENE OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 11000144
Software Version: 2011v1.2

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
KIDS OF EXCELLENCE		5,000	3,500	2011-01	2012-12		0 %				
MATTIE'S LITTLE ANGELS		31,800	21,800	2010-12	2012-12		0 %				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491216002012

TY 2011 Other Professional Fees Schedule

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

EIN: 72-0446138

Software ID: 11000144

Software Version: 2011v1.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT/INVESTMENT ADV FEES	76,495	76,495	0	0
GRANTS CONSULTANT	31,081	0	0	31,081

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491216002012

TY 2011 Taxes Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 11000144
Software Version: 2011v1.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INCOME TAXES	21,000			

INSTITUTE OF MENTAL HYGIENE

72-0446138

DECEMBER 31, 2011

SCHEDULE 1

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

RECIPIENT'S NAME	RELATIONSHIP	FOUNDATION STATUS	PURPOSE OF GRANT	AMOUNT
St. Mark's- Awesome Girl's Mentoring Program	None	501 (c) (3)	Mental Health Research & Services	25,000
Youth Empowerment Program	None	501 (c) (3)	Mental Health Research & Services	50,000
Pyramid Parenting	None	501 (c) (3)	Mental Health Research & Services	25,000
Children's Bureau	None	501 (c) (3)	Mental Health Research & Services	35,000
Langston Hughes School	None	501 (c) (3)	Mental Health Research & Services	41,750
NOLA Prep School	None	501 (c) (3)	Mental Health Research & Services	41,750
Foundation for Science & Mathematics Education	None	501 (c) (3)	Mental Health Research & Services	30,000
University of New Orleans- Anxiety Clinic	None	501 (c) (3)	Mental Health Research & Services	13,750
St. Benedict the Moor	None	501 (c) (3)	Mental Health Research & Services	28,041
LA Partnership for Children and Families	None	501 (c) (3)	Mental Health Research & Services	12,500
LSU- AgCenter	None	501 (c) (3)	Mental Health Research & Services	7,238
Tulane- Maternal Depression Program	None	501 (c) (3)	Mental Health Research & Services	4,770
LSU - Depart. of Psychiatry	None	501 (c) (3)	Mental Health Research & Services	75,006
Royal Castle	None	501 (c) (3)	Mental Health Research & Services	4,800
McMillan's First Steps Development	See Detail Schedule 3			3,000
21st Century Youth Leadership	None	501 (c) (3)	Mental Health Research & Services	2,000
Orleans Public Education Network	None	501 (c) (3)	Mental Health Research & Services	13,500
Kids of Excellence	See Detail Schedule 4			2,400
GCYF	None	501 (c) (3)	Mental Health Research & Services	500
Sentino Early Childhood Academy	See Detail Schedule 5			4,000
Children's World	See Detail Schedule 6			750
Mattie's Little Angels	See Detail Schedule7			5,230
				425,985

INSTITUTE OF MENTAL HYGIENE
72-0446138
DECEMBER 31, 2011

SCHEDULE 2

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

RECIPIENT'S NAME	RELATIONSHIP	FOUNDATION STATUS	PURPOSE OF GRANT	AMOUNT
Foundation for Science and Math	None	501 (c) (3)	Mental Health Research & Services	10,000
LA Partnership for Children and Families	None	501 (c) (3)	Mental Health Research & Services	12,500
Orleans Public Education Network	None	501 (c) (3)	Mental Health Research & Services	13,500
				36,000

Schedule 3

Institute of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO *2011)* FORM 990-PF
RETURN OF PRIVATE FOUNDATION

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *McMillian's First Steps Child Development Center*
2601 South Claiborne Avenue, New Orleans, LA 70125

(2) Date Paid in Current Tax Year: *$3,000.00* on *8.5.11*

(3) Total Paid:

$ 3,000.00 paid on *8.5.11*
$ 3,000.00 Total

(4) Purpose: *To purchase cribs compliant with new standards.*

(5) Amount of Grant Spent by Grantee: *$3,000.00*

(6) Diversion:

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

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

May 15, 2012

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene reviewed the Grant Report on *May 15, 2012* but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).

Schedule 4

Institute of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO *2011)* FORM 990-PF
RETURN OF PRIVATE FOUNDATION

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Kids of Excellence*
1415 Franklin Avenue, New Orleans, LA 70127

(2) Date Paid in Current Tax Year: *$2,400.00* on *7.21.11*

(3) Total Paid:

$ 2,400.00 paid on *7.21.11*
$ 2,400.00 Total

(4) Purpose: *To purchase new standards-compliant cribs*

(5) Amount of Grant Spent by Grantee: *$2,400.00*

(6) Diversion:

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

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

Grant Report Form received on 5.8.12

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene reviewed the Grant Report on *May 8, 2012* but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).

Schedule 5

Institute of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO *2011)* FORM 990-PF
RETURN OF PRIVATE FOUNDATION

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Sentino Early Childhood Academy*
7361 Read Blvd, New Orleans, LA 70127

(2) Date Paid in Current Tax Year: *$4,000.00* on *4.21.11*

(3) Total Paid:

$ 4,000.00 paid on *4.21.11*
$ 4,000.00 Total

(4) Purpose: *To make bonus payments to staff upon earning their CDA credential.*

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

(6) Diversion:

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

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

May 11, 2012

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene reviewed the Grant Report on *May 11, 2012* but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).

Schedule B

Institute of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO *2011)* FORM 990-PF
RETURN OF PRIVATE FOUNDATION

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Children's World*
8830 Lake Forest, New Orleans, LA 70127

(2) Date Paid in Current Tax Year: $750.00 on *4.21.11*

(3) Total Paid:

$ *750.00* paid on *4.21.11*
$ *750.00* Total

(4) Purpose: *To pay for labor and materials for caulking and painting of baseboard and door trim*

(5) Amount of Grant Spent by Grantee: $750.00

(6) Diversion:

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

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

Grant Report Form received on 5.3.12

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene reviewed the Grant Report on *May 3, 2012* but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).

Schedule 1

Institute of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO *2011)* FORM 990-PF
RETURN OF PRIVATE FOUNDATION

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Mattie's Little Angels*
4636 Magazine Street, New Orleans, LA 70115

(2) Date Paid in Current Tax Year: *$5,230.09* on *7.29.11*

(3) Total Paid:

$ 5,230.09 paid on *7.29.11*
*$ 5,230.09*Total

(4) Purpose: *To support the delivery of LA4 services in a child care setting by paying part of the cost of a certified early childhood teacher for the classroom.*

(5) Amount of Grant Spent by Grantee: *$5,230.09*

(6) Diversion:

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

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

Grant Report Form received on 5.3.12

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene reviewed the Grant Report on *May 3, 2012* but did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53.4945-5(c)).

Election To Treat Unused Prior Year Corpus Distributions As Current Year Corpus Distributions

Pursuant to Regulation 53.4942(a)-3(c)(2)(iv), the foundation hereby elects to treat, as a current distibution out of corpus, the following unused prior years distributions that were treated as corpus distributions under Regulation 53.4942(a)-3(d)(1)(iii) in such prior tax year:

Tax Year	Amount
2009	50,946.
2010	142,136.

Signed: _____
NANCY FREEMAN
Executive Direc