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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

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

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 instructions)
(504) 566-1852

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

C If exemption application is pending, check here ▶ ☐

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

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)* ▶$ 20,532,688

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 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)	375,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	6,618	6,618		
	4	Dividends and interest from securities	424,624	424,624		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	674,587			
	b	Gross sales price for all assets on line 6a 4,793,590				
	7	Capital gain net income (from Part IV, line 2)		674,682		
	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)	346			
	12	**Total.** Add lines 1 through 11	1,481,175	1,105,924		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	126,700	31,675		95,025
	14	Other employee salaries and wages	43,083			43,083
	15	Pension plans, employee benefits	17,209	2,124		15,085
	16a	Legal fees (attach schedule)	3,985	996		2,989
	b	Accounting fees (attach schedule)	12,595	3,149		9,446
	c	Other professional fees (attach schedule)	83,697	82,777		920
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	9,321			
	19	Depreciation (attach schedule) and depletion	1,166			
	20	Occupancy	19,629			19,629
	21	Travel, conferences, and meetings	10,529			10,529
	22	Printing and publications	1,585			1,585
	23	Other expenses (attach schedule)	247,510	613		246,897
	24	**Total operating and administrative expenses.** Add lines 13 through 23	577,009	121,334		445,188
	25	Contributions, gifts, grants paid	1,354,602			997,089
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,931,611	121,334		1,442,277
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-450,436			
	b	**Net investment income** (if negative, enter -0-)		984,590		
	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	673,609	259,953	259,955
	2 Savings and temporary cash investments	1,357,539	1,128,668	1,128,668
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 313,000			
	Less allowance for doubtful accounts ▶	313,000	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) ▶ 3,500			
	Less allowance for doubtful accounts ▶	25,300	3,500	3,500
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges		10,699	10,699
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	16,804,206	18,795,241	18,795,241
	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)	218,120		
	14 Land, buildings, and equipment basis ▶ 23,356			
	Less accumulated depreciation (attach schedule) ▶ 17,951	2,798	5,405	5,405
	15 Other assets (describe ▶)	23,572	16,220	16,220
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	19,418,144	20,532,686	20,532,688
Liabilities	17 Accounts payable and accrued expenses	18,896	47,221	
	18 Grants payable	344,104	710,415	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	15,480		
	23 **Total liabilities** (add lines 17 through 22)	378,480	757,636	
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	18,109,564	19,316,009	
	25 Temporarily restricted	930,100	459,041	
	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)	19,039,664	19,775,050	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	19,418,144	20,532,686	

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	19,039,664
2	Enter amount from Part I, line 27a	2	-450,436
3	Other increases not included in line 2 (itemize) ▶	3	1,185,822
4	Add lines 1, 2, and 3	4	19,775,050
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	19,775,050

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	674,682
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 instructions) If (loss), enter -0- in Part I, line 8	3	-95,792

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))
2011	831,751	18,050,798	0 04608
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

2	**Total** of line 1, column (d)	2	0 27144
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 05429
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	19,832,437
5	Multiply line 4 by line 3	5	1,076,644
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	9,846
7	Add lines 5 and 6	7	1,086,490
8	Enter qualifying distributions from Part XII, line 4	8	1,442,277

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

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	9,846
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	9,846
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	9,846
6	Credits/Payments			
a	2012 estimated tax payments and 2011 overpayment credited to 2012	6a 20,552		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d		7	20,552
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached		8	7
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	10,699
11	Enter the amount of line 10 to be **Credited to 2013 estimated tax** ▶ 10,699 **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 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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? *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	Yes	

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 instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	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 2012, 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 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 2012?	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ 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 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 2012 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 2012.)*	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 2012?	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 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 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 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 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 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 $562,000 of cash grants and $21,800 of noncash grants made directly to Agenda for Children)	608,805
2 Shared Services Alliance-to enhance sustainability and quality of early childhood education programs that serve vulnerable children through the creation of blended funding streams, including School Readiness Tax Credits, and new business models	237,254
3	
4	

Part IX-B **Summary of Program-Related Investments** (see 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 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	18,181,687
b	Average of monthly cash balances		1b	2,069,038
c	Fair market value of all other assets (see instructions)		1c	38,397
d	**Total** (add lines 1a, b, and c)		1d	20,289,122
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	20,289,122
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	456,685
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	19,832,437
6	**Minimum investment return.** Enter 5% of line 5		6	991,622

Part XI **Distributable Amount** (see 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	991,622
2a	Tax on investment income for 2012 from Part VI, line 5	2a 9,846		
b	Income tax for 2012 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	9,846
3	Distributable amount before adjustments Subtract line 2c from line 1		3	981,776
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	981,776
6	Deduction from distributable amount (see instructions)		6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	981,776

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,442,277
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,442,277
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 instructions)	5	9,846
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,432,431

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 instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				981,776
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2012				
a From 2007.				
b From 2008.				
c From 2009.				
d From 2010. 19,834				
e From 2011.				
f **Total** of lines 3a through e.	19,834			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ $ 1,442,277				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	846,059			
d Applied to 2012 distributable amount.				596,218
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2012	19,834			19,834
(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	846,059			
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 instructions				
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				365,724
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).	846,059			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . .				
9 **Excess distributions carryover to 2013.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2008. . . .				
b Excess from 2009. . . .				
c Excess from 2010. . . .				
d Excess from 2011. . . .				
e Excess from 2012. . . .				

Part XIV Private Operating Foundations (see 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 2012, 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) 2012	(b) 2011	(c) 2010	(d) 2009	
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 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 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*				
AGENDA FOR CHILDREN 8300 EARHART BLVD NEW ORLEANS, LA 70118	NONE	501C3	BRIDGES TO QUALITY PROGRAM	562,000
AGENDA FOR CHILDREN 8300 EARHART BLVD NEW ORLEANS, LA 70118	NONE	501C3	BRIDGES TO QUALITY PROGRAM	21,800
SEE SCHEDULE 1 VARIOUS NEW ORLEANS, LA 70130	NONE	501C3	MENTAL HEALTH RESEARCH & SERVICES	413,289
Total . . . . . ▶ **3a**				997,089
b *Approved for future payment*				
SEE SCHEDULE 2 VARIOUS NEW ORLEANS, LA 70130	NONE	501C3	MENTAL HEALTH RESEARCH AND SERVICES	517,906
Total . . . . . ▶ **3b**				517,906

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 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	6,618	
4 Dividends and interest from securities			14	424,624	
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	674,587	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a Other Income					346
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				1,105,829	346
13 **Total.** Add line 12, columns (b), (d), and (e)				13	1,106,175

(See worksheet in line 13 instructions 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 foundation's exempt purposes (other than by providing funds for such purposes) (See 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

****** | 2013-06-20 | ******

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Kirth M Paciera	Kirth M Paciera			P00245477

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491176006033

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

2012

Name of the 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, total 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 total 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 on line H of its Form 990-EZ or on Part I, 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) Total contributions	(d) Type of contribution
1	WK Kellogg Foundation One Michigan Avenue East Battle Creek, MI 49017	$ 375,000	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)
		$	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 that total 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

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TY 2012 Accounting Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	12,595	3,149	0	9,446

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TY 2012 Cash Deemed Charitable Explanation Statement

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

EIN: 72-0446138

Software ID: 12000229

Software Version: 2012v2.0

Explanation: IN 2012, IMH RECEIVED FUNDING FROM A PRIVATE FOUNDATION TO ADMINISTER THE SHARED SERVICES ALLIANCE. AT YEAR END, $164,746 IS TEMPORARILY RESTRICTED FOR THIS PROGRAM. THIS AMOUNT WILL BE EXPENDED IN 2013. CASH DEEMED HELD FOR CHARITABLE ACTIVITIES = $164,746 + $291,939 (1.5% of FAIR MARKET VALUE) = $456,685.

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TY 2012 Explanation of Non-Filing with Attorney General Statement

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

EIN: 72-0446138

Software ID: 12000229

Software Version: 2012v2.0

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.

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TY 2012 Investments Corporate Stock Schedule

Name: INSTITUTE OF MENTAL HYGIENE OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS	5,312,910	5,312,910
EQUITIES	13,482,331	13,482,331

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TY 2012 Land, Etc. Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Furniture and Fixtures	23,356	17,951	5,405	5,405

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TY 2012 Legal Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	3,985	996	0	2,989

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TY 2012 Other Assets Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INVESTMENT INCOME	23,572	16,220	16,220

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TY 2012 Other Expenses Schedule

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

EIN: 72-0446138

Software ID: 12000229

Software Version: 2012v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	4,147			4,147
SUPPLIES	2,059			2,059
SHARED SERVICES ALLIANCE EXPENSES	199,591			199,591
REPAIRS/SERVICE CONTRACTS	498			498
POSTAGE	118			118
MISCELLANEOUS	1,256			1,256
MEMBERSHIPS	1,895			1,895
INSURANCE- OFFICE	4,351			4,351
INSURANCE- D&O	2,450	613		1,837
DATA PROCESSING	1,475			1,475
COMPUTER SUPPLIES	187			187
BRIDGE TO QUALITY EXPENSES	25,005			25,005
BOOKS AND PUBLICATIONS	4,478			4,478

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TY 2012 Other Income Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other Income	346		

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

TY 2012 Other Notes/Loans Receivable Long Schedule

Name: INSTITUTE OF MENTAL HYGIENE OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

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		2010-12	2012-12		0 %				

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TY 2012 Other Professional Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT/INVESTMENT ADV FEES	82,777	82,777	0	0
GRANTS CONSULTANT	920	0	0	920

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TY 2012 Substantial Contributors Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

Name	Address
WK KELLOGG FOUNDATION	ONE MICHIGAN AVENUE EAST BATTLE CREEK, MI 49017

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491176006033

TY 2012 Taxes Schedule

Name: INSTITUTE OF MENTAL HYGIENE
OF THE CITY OF NEW ORLEANS
EIN: 72-0446138
Software ID: 12000229
Software Version: 2012v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Income Taxes	9,321			

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
2010	19,834.

SIGNED: _____
NANCY FREEMAN
EXECUTIVE DIREC

INSTITUTE OF MENTAL HYGIENE
72-0446138
DECEMBER 31, 2012

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	62,500
Youth Empowerment Program	None	501 (c) (3)	Mental Health Research & Services	25,000
Children's Bureau	None	501 (c) (3)	Mental Health Research & Services	53,072
LOOP	None	501 (c) (3)	Mental Health Research & Services	5,000
Women's Shelter	None	501 (c) (3)	Mental Health Research & Services	6,749
Foundation for Science & Mathematics Education	None	501 (c) (3)	Mental Health Research & Services	10,000
Juvenile Regional Services	None	501 (c) (3)	Mental Health Research & Services	26,612
Sixth Baptist Church	None	501 (c) (3)	Mental Health Research & Services	5,000
LA Partnership for Children and Families	None	501 (c) (3)	Mental Health Research & Services	75,000
NOCP	None	501 (c) (3)	Mental Health Research & Services	8,000
Louisiana Special Education Coop	None	501 (c) (3)	Mental Health Research & Services	16,500
Silence is Violence	None	501 (c) (3)	Mental Health Research & Services	25,000
Tulane Bright Start	None	501 (c) (3)	Mental Health Research & Services	12,275
Orleans Public Education Network	None	501 (c) (3)	Mental Health Research & Services	13,500
Tulane Autism Program	None	501 (c) (3)	Mental Health Research & Services	39,081
United Way- Seamless Transitions	None	501 (c) (3)	Mental Health Research & Services	20,000
Wilcox's Academy of Learning	*See Detailed Schedule 3*			10,000
				413,289

INSTITUTE OF MENTAL HYGIENE
72-0446138
DECEMBER 31, 2012

SCHEDULE 2

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

RECIPIENT'S NAME	RELATIONSHIP	FOUNDATION STATUS	PURPOSE OF GRANT	AMOUNT
LA Partnership for Children and Families	None	501 (c) (3)	Mental Health Research & Services	75,000
Juvenile Regional Services	None	501 (c) (3)	Mental Health Research & Services	79,838
Sixth Baptist Church	None	501 (c) (3)	Mental Health Research & Services	5,000
NOCP	None	501 (c) (3)	Mental Health Research & Services	8,000
Louisiana Special Education Coop	None	501 (c) (3)	Mental Health Research & Services	16,500
Silence is Violence	None	501 (c) (3)	Mental Health Research & Services	125,000
Covenant House	None	501 (c) (3)	Mental Health Research & Services	48,000
Tulane Autism Program	None	501 (c) (3)	Mental Health Research & Services	119,568
Tulane MH Consultation	None	501 (c) (3)	Mental Health Research & Services	11,000
United Way- Seamless Transitions	None	501 (c) (3)	Mental Health Research & Services	20,000
Wilcox's Academy of Learning	*See Detailed Schedule 3*			10,000
				517,906

Schedule 5

Institute of Mental Hygiene
E.I.N. # 72-0446138
ATTACHMENT TO *2012* FORM 990-PF
RETURN OF PRIVATE FOUNDATION

STATEMENT REQUIRED BY REG §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: *Wilcox's Academy of Learning*
1678 North Broad Street
New Orleans, LA 70119

(2) Date Paid in Current Tax Year: $*10,000.00* paid on *August 22, 2012*

(3) Total Paid:

$ *10,000.00* paid on *August 22, 2012*
$ *10,000.00* Total

(4) Purpose: *To replace, replenish and enhance classroom and playground materials/equipment.*

(5) Amount of Grant Spent by Grantee: $*7,133.81*

(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 11.29.12

(8) Verification (Optional and when applicable)

The Institute of Mental Hygiene reviewed the Grant Report on *November 29, 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)).

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		
NANCY FREEMAN 1055 ST CHARLES AVE STE 350 NEW ORLEANS,LA 70130	Executive Direc 40 00	115,000	11,700	
GEOFFREY NAGLE 1400 CANAL STREET TB-52 NEW ORLEANS,LA 70112	Director 0 00	0		
AYANNA BUTLER 1010 COMMON ST SUITE 1400A METAIRIE,LA 70003	Director 0 00	0		
KYSHUN WEBSTER PH D 66 YOSEMITE DRIVE NEW ORLEANS,LA 70131	Director 0 00	0		
SARAH NEWELL USDIN 3034 URSULINES AVENUE NEW ORLEANS,LA 70119	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		
HON BERNADETTE D'SOUZA 421 LOYOLA AVENUE NEW ORLEANS,LA 70112	Secretary 0 00	0		
ASHLEIGH GARDERE 1300 PERDIDO STREET RM 2E04 NEW ORLEANS,LA 70112	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		

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	
			119,473
			-95,572
			69,383
			-180
			841
			443,891
			137,727
			-976

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)
1,467,180		1,347,707	119,473
826,986		922,558	-95,572
519,863		450,480	69,383
71,815		71,995	-180
147,820		146,979	841
1,187,198		743,307	443,891
303,758		166,031	137,727
268,970		269,946	-976

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	2011-06-30	2012-12-31
PUBLICLY TRADED SECURITIES	P	2012-06-30	2012-06-30
PUBLICLY TRADED SECURITIES	P	1999-10-14	2012-06-30
PUBLICLY TRADED SECURITIES	P	2011-06-30	2012-01-24
PUBLICLY TRADED SECURITIES	P	2012-06-30	2012-06-30
PUBLICLY TRADED SECURITIES	P	2001-12-28	2012-06-30
PUBLICLY TRADED SECURITIES	P	2011-06-30	2012-12-31
PUBLICLY TRADED SECURITIES	P	2011-06-02	2012-01-30