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OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

For	cale	ndar year 2014, or tax year beginning 01-	01-2014	, aı	nd ending 1	2-31-2014	
		ındatıon			A Employer id	entification numb	er
		E OF MENTAL HYGIENE ITY OF NEW ORLEANS			72-0446138		
			-> I.B /t-			mber (see instruction	 ns)
		I street (or P O box number if mail is not delivered to street address HARLES AVENUE	s) Room/suite		(504) 566-1852	,	,
					(304) 366-1832		
		ı, state or province, country, and ZIP or foreign postal code NS, LA 70130			C If exemption	application is pendin	g, check here 🕨 🦵
							
G C	neck a		former public charity	,	D 1. Foreign or	ganizations, check h	ere 🕨 🔽
		Final return Amended return Address change Name change				ganizations meeting k here and attach co	
H C F	ack ty	/pe of organization $\overline{\nabla}$ Section 501(c)(3) exempt privi	ate foundation		E If private fou	ındatıon status was t	terminated
		4947(a)(1) nonexempt charitable trust Other taxa		n	under section	n 507(b)(1)(A), chec	ck here
		ket value of all assets at end J Accounting method			F If the founda	ition is in a 60-mont	h termination
of	year <i>(f</i>	from Part II, col. (c),				n 507(b)(1)(B), chec	
line	= 16)	\$ 22,464,326 (Part I, column (d) mus.	t be on cash basıs.)				
Pa	rt 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)
	1	Contributions, gifts, grants, etc , received (attach					
		schedule)					
	2	Check ► 🔽 if the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments	1,664		1,664		
	4	Dividends and interest from securities	321,863		321,863		
	5a	Gross rents					
	b	Net rental income or (loss)					
₽	6a	Net gain or (loss) from sale of assets not on line 10	1,978,518				
Revenue	Ь	Gross sales price for all assets on line 6a 8,759,766					
	7	Capital gain net income (from Part IV, line 2)			1,978,518		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	Ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other Income (attach schedule)	42,108		41,540		
	12	Total. Add lines 1 through 11	2,344,153		2,343,585		
	13	Compensation of officers, directors, trustees, etc	133,994		33,499		100,495
	14	Other employee salaries and wages	55,000				55,000
Ą.	15	Pension plans, employee benefits	18,505		2,365		16,140
Expenses	16a	Legal fees (attach schedule)			610		1,828
<u>Ģ</u>	ь	Accounting fees (attach schedule)	95 11,150		2,788		8,362
ш Ф	c	Other professional fees (attach schedule)	129,605		110,024		19,581
ğ	17	Interest					
ij	18	Taxes (attach schedule) (see instructions)					
Administrative	19	Depreciation (attach schedule) and depletion					
틍	20	Occupancy	21,264				21,264
	21	Travel, conferences, and meetings	28,655				28,655
Operating and	22	Printing and publications	5,356		0.42		5,356
	23	Other expenses (attach schedule)	20,677		842		19,835
rafi E	24	Total operating and administrative expenses.	450.455		150 130		276 546
<u>@</u>		Add lines 13 through 23	450,155 1,656,680		150,128		276,516 1,092,447
0	25	Contributions, gifts, grants paid	1,050,080				1,092,447
	26	Total expenses and disbursements. Add lines 24 and 25	2,106,835		150,128		1,368,963
	27	Subtract line 26 from line 12	_,_00,000				_,_ 55,555
	a	Excess of revenue over expenses and disbursements	237,318				
	ь	Net investment income (if negative, enter -0-)			2,193,457		
	c	Adjusted net income (if negative, enter -0-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Bo	ook Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	` '	· · ·	99,103	99,103
	2	Savings and temporary cash investments			3,610,938	3,610,938
	3	Accounts receivable	. ,		, ,	· · ·
		Less allowance for doubtful accounts				1
	4	Pledges receivable -				
	4	Less allowance for doubtful accounts				1
	_	Grants receivable				
	5					
	6	Receivables due from officers, directors, trustees, and other				
	_	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts -	2,040			
sets	8	Inventories for sale or use				
¥.	9	Prepaid expenses and deferred charges			18,769	18,769
Ā	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	21,712,396	2	18,391,376	18,391,376
	C	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis 🟲				1
		Less accumulated depreciation (attach schedule) -				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)		19 3	329,451	329,451
	14	Land, buildings, and equipment basis 🟲21,995				1
		Less accumulated depreciation (attach schedule) 🕨 16,243	5,152	19 3	5,752	5,752
	15	Other assets (describe 🟲)	5,156	193	8,937	8,937
	16	Total assets (to be completed by all filers—see the				
		ınstructions Also, see page 1, item I)	23,897,594		22,464,326	22,464,326
	17	Accounts payable and accrued expenses	30,330		25,240	
	18	Grants payable	918,600		1,482,833	1
abilities	19	Deferred revenue				1
≝	20	Loans from officers, directors, trustees, and other disqualified persons				1
ap	21	Mortgages and other notes payable (attach schedule)				1
_	22	Other liabilities (describe	30,597			1
	23	Total liabilities (add lines 17 through 22)	979,527		1,508,073	1
		Foundations that follow SFAS 117, check here 🕨 🔽				1
ė.		and complete lines 24 through 26 and lines 30 and 31.				1
and	24	Unrestricted	22,591,398		20,956,253	1
Balance	25	Temporarily restricted	326,669			1
O E	26	Permanently restricted				1
Fund		Foundations that do not follow SFAS 117, check here				1
or F		and complete lines 27 through 31.				1
	27	Capital stock, trust principal, or current funds				1
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund				1
Assets	29	Retained earnings, accumulated income, endowment, or other funds				1
Net	30	Total net assets or fund balances (see instructions)	22,918,067		20,956,253	1
Z	31	Total liabilities and net assets/fund balances (see instructions)	23,897,594		22,464,326	1
Da			23,037,331		22,101,320	
	rt II		(a) line 20 /			
1		Total net assets or fund balances at beginning of year—Part II, column		_		22.040.067
~		, , , , , , , , , , , , , , , , , , , ,			1	22,918,067
2		Enter amount from Part I, line 27a			. 2	237,318
3		Other increases not included in line 2 (itemize)			3	
4		Add lines 1, 2, and 3			. 4	23,155,385
5		Decreases not included in line 2 (itemize)			5	2,199,132
6		Total net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), l	ine 30	. 6	20,956,253

the Part VI instructions

Part 1	V Capital Gains an	d Losses for Tax on Inves	tment Income	1				
	(a) List and describe th	e kınd(s) of property sold (e g , rea se, or common stock, 200 shs Ml	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
1 a	PUBLICLY TRADED SE	CURITIES		Р	2013-12-31	2014-06-30		
ь	PUBLICLY TRADED SE	CURITIES		Р	2013-06-30	2014-12-31		
d								
<u>ч</u> е								
		(f) Depreciation allowed	(a) Cost	or other basis	(h) Gain	or (loss)		
(€	e) Gross sales price	(or allowable)	1 107	pense of sale		minus (g)		
а	2,767	,949		2,568,65		199,298		
b	5,991	,817		4,212,59	7	1,779,220		
С								
d								
e								
	mnlete only for accets sho	owing gain in column (h) and owned	l by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus		
		(j) Adjusted basis		ess of col (ı)	col (k), but not l			
(i)	FM V as of 12/31/69	as of 12/31/69		ol (j), if any	Losses (fro			
а						199,298		
b						1,779,220		
С								
d								
3		gain or (loss) as defined in sections t I, line 8, column (c) (see instruc		J	2	1,978,518		
	•	1 0 11 1010() ()		<u> </u>	3	199,298		
Part	Qualification Un	der Section 4940(e) for Re	educed lax on	Net Investme	nt Income			
(For opt	ional use by domestic priv	ate foundations subject to the sec	tion 4940(a) tax	on net investment	ıncome)			
Ifsection	on 4940(d)(2) applies, lea	ve this part blank						
Was the	foundation liable for the s	ection 4942 tax on the distributal qualify under section 4940(e) Do			eriod?	┌ Yes ┌ No		
1 E n	ter the appropriate amount	t in each column for each year, see	e instructions befo	re making any ent	ries			
	(a) period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchar	itable-use assets	(d) Distribution (col (b) divided	n ratio by col (c))		
	2013	1,092,858		20,880,466		0 05234		
	2012	1,432,431		19,832,437		0 07223		
	2011	831,751		18,050,798		0 04608		
	2010	1,012,278		17,299,077		0 05852		
	Z009	1,069,526		16,321,683		0 06553		
2	Total of line 1, column (•		· · · · ·	2	0 29469		
3	the number of years the	no for the 5-year base period—divi foundation has been in existence	ıf less than 5 year	s <u> </u>	3	0 05894		
4	Enter the net value of no	oncharitable-use assets for 2014	from Part X, line 5		4	22,465,219		
5	Multiply line 4 by line 3			5				
6	Enter 1% of net investn	nent income (1% of Part I, line 27	b)	[6 21,935			
7	Add lines 5 and 6				7 1,345,990			
8	Enter qualifying distribu	itions from Part XII, line 4		[8	1,368,963		
	If line 8 is equal to or gr	— and complete that	part using a 1% tax					

	990-PF (2014)			age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter "N/A"			
	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		2:	1,935
	here Fand enter 1% of Part I, line 27b			
С	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-)			
3	Add lines 1 and 2		2:	1,935
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			
5	enter - 0 -) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter - 0	-	2 ·	 1,935
6	Credits/Payments			1,733
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 40,704			
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		4 (704,
8	Enter any penalty for underpayment of estimated tax. Check here 🔽 If Form 2220 is attached. 🔞 🔒			
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		18	3,769
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 18,769 Refunded 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	It participate or intervene in any political campaign?	1a		No
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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	10		110
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
	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?	2		No
	If "Yes," attach a detailed description of the activities.			
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	Yes	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes	No.
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
Ū	By language in the governing instrument, or	ነ ነ]
	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 2014 or the taxable year beginning in 2014 (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		No

				age c
	t 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	l l		l
	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 ►RONALD McCLAIN Telephone no ►(504) 566-	1852	
	Located at 1055 ST CHARLES AVENUE NEW ORLEANS LA ZIP+4 70130	,		
4=				
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			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t 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 V 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 V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(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 V No			
h	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 instructions)?	1 _b		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 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			110
2	operating foundation defined in section 4942(1)(3) or 4942(1)(5))			
_				
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years > 20			
L	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
Ь				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)) ah		No.
_	to all years listed, answer "No" and attach statement—see instructions)	2b		No
С	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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 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 2014.).	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 2014?	4b		No

Pa	rt VII-B	Statements Rega	rdir	ng Activities for	W	nich Form 4720	May	Be Required (cont	inue	d)	
5a	During th	e year dıd the foundatıor	рау	or incur any amoun	t to						
	(1) Carry	on propaganda, or other	wise	attempt to influenc	e leg	ıslatıon (section 49	45(e)) [?]	No No		
	(2) Influe	nce the outcome of any	spec	ıfıc publıc election (see	section 4955), or to	car	ry			
	on, di	rectly or indirectly, any	/ote	registration drive?.				T Yes 🔽	No No		
	(3) Provid	de a grant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		☐ Yes ☐	No		
	(4) Provid	de a grant to an organıza	tıon	other than a charita	ble,	etc , organization de	scrib	ped			
	ın sec	tion 4945(d)(4)(A)? (se	e in	structions)				⊤ Yes ▽	No No		
	(5) Provid	de for any purpose other	thar	religious, charitabl	e, sc	ientific, literary, or					
	educa	itional purposes, or for t	ne pr	evention of cruelty t	to ch	ıldren or anımals?.		T Yes 🔽	No No		
b	If any ans	swerıs "Yes" to 5a(1)-(5), d	ıd any of the transad	tion	s faıl to qualıfy unde	r the	exceptions described in			
	Regulatio	ns section 53 4945 or i	nac	urrent notice regard	ling o	disaster assistance	(see	ınstructions)?		5b	No
	O rganızat	tions relying on a curren	t not	ice regarding disast	eras	ssistance check her	e	▶↑	_		
c		wer is "Yes" to question									
	tax becau	ise it maintained expend	ıture	responsibility for th	ne gr	ant?		T Yes 🗟	- No		
		ttach the statement requ									
6a		undation, during the yea					prer	niums on			
		ol benefit contract?							- No		
ь								benefit contract?		6b	No
		o 6b, file Form 8870.	., .	, , ,	,	,,			-		- -
7a		ne during the tax year, w	as ti	ne foundation a party	v to :	a prohibited tax shel	ter t	ransaction? TYes F	- No		
	-					•		the transaction?		_{7b}	No
	11 9 0 5 , 010							n Managers, Highly			
Pa	rt VIII	and Contractors	. 01	neers, birector.	, i	astees, i oanat		i Hanagers, mgmy	ruiu	Linb	ioyees,
1		icers, directors, trustees	, fo	ındation managers a	nd t	heir compensation (see i	nstructions).			
			(b)	Title, and average		c) Compensation		(d) Contributions to	(e) F	xnens	e account,
	(a) Nai	me and address	ا	hours per week evoted to position	(If not paid, enter -0-)		mployee benefit plans deferred compensation			wances
500	Δ dditional	Data Table		avoted to position		<u> </u>	und	deferred compensation			
	714416101141	Data Fabic									
_2	Compensat	tion of five highest-paid	emp	oloyees (other than	thos	e included on line 1-	-see	instructions). If none, er	nter "N	NONE."	
(-	Nama and	Inddraga of anab ampley		(b) Title, and aver	age			(d) Contributions to	(0) [
(a		l address of each employ nore than \$50.000	ee	hours per week		(c) Compensation	n	employee benefit plans and deferred			e account, wances
	F			devoted to positi	on			compensation			
иои	IE										
				1							
Tota	I number of	f other employees paid o	ver	\$50,000				🕨			

Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly	Paid Employees,
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	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers produced in the conference convened.		Expenses
1 Shared Services Alliance-to enhance sustainability and quality of ea serve vulnerable children through the creation of blended funding str Credits, and new business models	391	
2 Bridge to Quality Program-a model for instituting and sustaining imp available to low-income families in Orleans Parish (including \$316,5 for Children)		326,278
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	A mount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 20.950.541 1h 1.833.885 1c 22.903 1d 22.807.329 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 22.807.329 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 342.110 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 22.465.219 5 1,123,261 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 1 1.123.261 Tax on investment income for 2014 from Part VI, line 5. 2a Income tax for 2014 (This does not include the tax from Part VI). . . 21.935 2c 3 3 1.101.326 4 4 5 5 1.101.326 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 1.101.326 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 1.368.963 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 1,368,963 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 21,935 Adjusted qualifying distributions. Subtract line 5 from line 4. 1,347,028 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

	dit XIII Olidisti ibuted Tilcollie (see liisti	(a)	(b)	(c)	(d)
		Corpus	Years prior to 2013	2013	2014
1	Distributable amount for 2014 from Part XI, line 7				1,101,32
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only			413,543	
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2014				
а	From 2009				
b	From 2010				
	From 2011				
d	From 2012				
	From 2013				
	Total of lines 3a through e				
4	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$ 1,368,963				
	Applied to 2013, but not more than line 2a			413,543	
b	Applied to undistributed income of prior years (Election required—see instructions)				
C	Treated as distributions out of corpus (Election	326,669			
	required—see instructions)				
	Applied to 2014 distributable amount				628,75
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	326,669			
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 Subtract line 6c from line 6b Taxable amount				
a	—see instructions				
e	Undistributed income for 2013 Subtract line				
_	4a from line 2a Taxable amount—see				
	instructions				
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must				472,57
7	be distributed in 2015				.,,,,,,
,	Amounts treated as distributions out of corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)	326,669			
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				
10	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9 Excess from 2010				
	Excess from 2010				
	Excess from 2011				
	Excess from 2013				
	Excess from 2014				
-	EXCOSO HOMEOTTE E E				

Check here F 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 or email address 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

3 Grants and Contributions Paid	l During the Year or Ap _l	proved for F	uture 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	A mount
a Paid during the year SEE SCHEDULE 1 VARIOUS NEW ORLEANS, LA 70130	NONE	501C3	MENTAL HEALTH RESEARCH & SERVICES	775,947
AGENDA FOR CHILDREN 8300 EARHART BLVD NEW ORLEANS, LA 70118	NONE	501C3	BRIDGES TO QUALITY PROGRAM	316,500
		<u> </u>		1,092,447
b Approved for future payment SEE SCHEDULE 2 VARIOUS NEW ORLEANS, LA 70130	NONE	501C3	MENTAL HEALTH RESEARCH AND SERVICES	1,060,300
		<u> </u>		1,060,300

Form 990-		A -4:iti-				Page 12
	I-A Analysis of Income-Produci s amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
ь						
e f	and contracts from government agencies					
2 Membe 3 Interes	ership dues and assessments sst on savings and temporary cash ments			14	1,664	
	nds and interest from securities			14	321,863	
a Debt- b Not d	-financed property lebt-financed property					
7 Other i	rty	211110	2,109	14	39,431	
	come or (loss) from special events			18	1,978,518	
	profit or (loss) from sales of inventory revenue a Other Income					568
b						300
e	al Add columns (b), (d), and (e).		2,109		2,341,476	568
13 Total.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify c		<u>'</u>	l	13	2,344,153
	Relationship of Activities to	the Accom				
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's instructions)	exempt purpos	ses (other than by	providing funds for		
11A	Income associated with a charitable prog	ram related to	the Institute's exe	mpt purpose		

Form 990-P	F (2014) I Information Re Noncharitable					actio	ns and I	Relations	hips With		Pa	ge 1 3
	organization directly or i	ndırectly e	ngage	ın any of	the following wit						Yes	No
organiza	tions?											
a Transfers	s from the reporting foui	ndation to a	a nonc	harıtable	exempt organiza	tion of						
(1) Cas	h									1a(1)		No
(2) Oth	erassets									1a(2)		No
b Other tra	nsactions											
(1) Sale	s of assets to a noncha	ırıtable exe	empt o	rganızatıo	n					1b(1)		No
(2) Puro	chases of assets from a	noncharita	able ex	empt orga	anızatıon					1b(2)		No
(3) Ren	tal of facilities, equipme	ent, or othe	rasse	ts						1b(3)		No
(4) Rein	nbursement arrangemer	nts								1b(4)		No
(5) Loar	ns or loan guarantees.									1b(5)		No
(6) Perfo	rmance of services or r	membershı	p or fui	ndraising	solicitations					1b(6)		No
c Sharing o	of facilities, equipment,	mailing list	ts, oth	er assets,	, or paid employ	ees				1 c		No
of the go in any tra	swer to any of the above ods, other assets, or se	ervices give angement,	en by t show	he reporti in column	ng foundation I (d) the value of	the fou the go	undation r ods, other	eceived les assets, or	s than fair mark services receive	et value ed	1	
(a) Line No	(b) Amount involved	(c) Name o	of nonch	naritable exe	empt organization	(d)	Description	of transfers, t	ransactions, and sha	aring arra	ngemer	nts
describe	undation directly or indi d in section 501(c) of tl complete the following (a) Name of organizatio	he Code (o schedule		ian sectio	•	ın sectı					es F	No
Sign the	der penalties of perjury, best of my knowledge a ormation of which prepai	and belief, i	ıt ıs trı	ue, correc	t, and complete				er than taxpaye		sed on	all
Here					2015-08-28	<u> </u>			return —— with the	preparei	shown	
	Signature of officer or t	rustee			Date		Tıtle	_		tr)? 🔽 1	∕es ┌ I	Мо
	Print/Type preparer's Kirth M Paciera	name	Prepa	ırer's Sıgn	ature	Date		Check if s employed		002454	177	
Paid Preparer Use	Firm's name ▶ PACIERA GAUTREA	U & PRIES	T LLC	CPAS				Firm's EI	\ ►			
Only	Firm's address ► 3209 RIDGELAKE DE 700024982	3209 RIDGELAKE DR STE 200 METAIRIE, LA Phone no (504)486-557							7 3			

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

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
ERIN BOLLES	Director	0		
1000 HOWARD AVENUE SUITE 800 NEW ORLEANS, LA 70113	0 00			
J STOREY CHARBONNET	President	0		
639 LOYOLA AVENUE SUITE 2775 NEW ORLEANS, LA 70113	0 00			
ADRIAN L MORGAN	Director	0		
507 PACIFIC AVENUE NEW ORLEANS, LA 70114	0 00			
HON BERNADETTE D'SOUZA	Director	0		
421 LOYOLA AVENUE NEW ORLEANS,LA 70112	0 00			
JUDITH KIEFF	Director	0		
387 CROSS GATES BLVD SLIDELL,LA 70461	0 00			
MARTIN DRELL MD	Director	0		
1542 TULANE AVENUE RM 236 NEW ORLEANS, LA 70112	0 00			
Mahlon D Sanford	Director	0		
3501 N Causeway Blvd Ste 810 Metairie,LA 70002	0 00			
JILLA K TOMBAR	Director	0		
132 S MURAT ST NEW ORLEANS, LA 70119	0 00			
BEVERLY R NICHOLS	Treasurer	0		
7301 BURTHE ST NEW ORLEANS,LA 70118	0 00			
JULIUS E KIMBROUGH JR	Vice President	0		
4014 ORLEANS AVE NEW ORLEANS, LA 70119	0 00			
QI WIGGINS	Director	0		
610 ST ANDREW ST NEW ORLEANS, LA 70130	0 00			
SARAH NEWELL USDIN	Director 0 00	0		
3034 URSULINES AVENUE NEW ORLEANS, LA 70119	0 00			
RONALD McCLAIN	Executive Dir 40 00	36,155	1,889	
1055 ST CHARLES AVE STE 350 NEW ORLEANS, LA 70130	40 00			
KYSHUN WEBSTER PH D	Director 0 00	0		
66 YOSEMITE DRIVE NEW ORLEANS, LA 70131	0 00			
AYANNA BUTLER	Director 0 00	0		
1010 COMMON ST SUITE 1400A METAIRIE,LA 70003	0 00			
ALLISON BOOTHE	Director 0 00	0		
1440 CANAL STREET TB-52 NEW ORLEANS,LA 70112				
NANCY FREEMAN	Executive Direc	87,500	8 ,4 50	
1055 ST CHARLES AVE STE 350 NEW ORLEANS, LA 70130	1.000			
ALAN FRANCO	Director 0 00	0		
809 JEFFERSON HWY JEFFERSON,LA 70121				
CAROL WISE	Secretary 0 00	0		
1021 STATE ST NEW ORLEANS, LA 70118	- ""			

TY 2014 Accounting Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Category	Amount	Income Income Chari Purp		Disbursements for Charitable Purposes
ACCOUNTING	11,150	2,788	0	8,362

TY 2014 Explanation of Non-Filing with Attorney General Statement

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Software Version: 2014v5.0

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.

TY 2014 Investments Corporate Stock Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	15,284,096	15,284,096
MUTUAL FUNDS	3,107,280	3,107,280

TY 2014 Investments - Other Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER INVESTMENTS	FMV	329,451	329,451

TY 2014 Land, Etc. Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Furniture and Fixtures	21,995	16,243	5,752	5,752

TY 2014 Legal Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	2,438	610	0	1,828

TY 2014 Other Assets Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INVESTMENT INCOME	5,156	8,937	8,937

TY 2014 Other Expenses Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKS AND PUBLICATIONS	537			537
BRIDGE TO QUALITY EXPENSES	95			95
COMPUTER SUPPLIES	100			100
DATA PROCESSING	1,171			1,171
INSURANCE- D&O	3,368	842		2,526
INSURANCE- OFFICE	3,740			3,740
MEMBERSHIPS	1,175			1,175
MISCELLANEOUS	3,810			3,810
POSTAGE	214			214
REPAIRS/SERVICE CONTRACTS	227			227
SHARED SERVICES ALLIANCE EXPENSES	391			391
SUPPLIES	2,474			2,474
TELEPHONE	3,375			3,375

TY 2014 Other Income Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
O ther I ncome	568		
Other Investment Income	41,540	41,540	

TY 2014 Other Professional Fees Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXTERNAL CONSULTANTS	19,581	0	0	19,581
MANAGEMENT/INVESTMENT ADV FEES	110,024	110,024	0	0

TY 2014 Taxes Schedule

Name: INSTITUTE OF MENTAL HYGIENE

OF THE CITY OF NEW ORLEANS

EIN: 72-0446138

Software ID: 14000265

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Tax on Form 5330	6			
Tax on Net Investment Income	21,935			

INSTITUTE OF MENTAL HYGIENE 72-0446138 DECEMBER 31, 2014

SCHEDULE 1

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

		FOUNDATION		
RECIPIENT'S NAME	RELATIONSHIP	STATUS	PURPOSE OF GRANT	AMOUNT
LA Partnership for Children and Families	None	501 (c) (3)	Mental Health Research & Services	50,000
Juvenile Regional Services	None	501 (c) (3)	Mental Health Research & Services	26,612
Covenant House	None	501 (c) (3)	Mental Health Research & Services	16,000
Childhood and Family Learning Foundation	None	501 (c) (3)	Mental Health Research & Services	37,500
Children's Bureau	None	501 (c) (3)	Mental Health Research & Services	60,914
St Benedict the Moor	None	501 (c) (3)	Mental Health Research & Services	14,200
KIDsmART	None	501 (c) (3)	Mental Health Research & Services	18,828
Family Services of GNO	None	501 (c) (3)	Mental Health Research & Services	12,500
Liberty's Kitchen	None	501 (c) (3)	Mental Health Research & Services	5,000
Urban League College Track	None	501 (c) (3)	Mental Health Research & Services	25,000
Jewish Family Services	None	501 (c) (3)	Mental Health Research & Services	15,000
Tulane Autism Program	None	501 (c) (3)	Mental Health Research & Services	40,243
Tulane Mental Health Consultation	None	501 (c) (3)	Mental Health Research & Services	11,100
Tulane-ECSS	None	501 (c) (3)	Mental Health Research & Services	50,000
Silence is Violence	None	501 (c) (3)	Mental Health Research & Services	50,000
Nonprofit Knowledge Works	None	501 (c) (3)	Mental Health Research & Services	15,000
OPEN- PLTI	None	501 (c) (3)	Mental Health Research & Services	45,000
Louisiana Center for Children's Rights	None	501 (c) (3)	Mental Health Research & Services	25,000
Restorative Approaches	None	501 (c) (3)	Mental Health Research & Services	22,050
New Orleans College Prep	None	501 (c) (3)	Mental Health Research & Services	25,000
Rethink	None	501 (c) (3)	Mental Health Research & Services	12,500
KIDsmART Middle School	None	501 (c) (3)	Mental Health Research & Services	20,000
KIPP Discovery Program Expansion	None	501 (c) (3)	Mental Health Research & Services	10,000
Cafe' Reconcile	None	501 (c) (3)	Mental Health Research & Services	12,500
New Orleans Kids Partnership	None	501 (c) (3)	Mental Health Research & Services	10,000
Project Homecoming	None	501 (c) (3)	Mental Health Research & Services	25,000
LAPEN	None	501 (c) (3)	Mental Health Research & Services	10,000
Children's Museum	None	501 (c) (3)	Mental Health Research & Services	15,000
Crescent City Schools	None	501 (c) (3)	Mental Health Research & Services	21,000
Vietnamese Initiative in Economic Training (VIET)	None	501 (c) (3)	Mental Health Research & Services	15,000
Children's World		See Detaile	d Schedule 4	20,000
Children's Health Fund	None	501 (c) (3)	Mental Health Research & Services	12,500
Policy Institute for Children	None	501 (c) (3)	Mental Health Research & Services	12,500
Stand for Children	None	501 (c) (3)	Mental Health Research & Services	10,000
Wilcox's Academy of Learning		See Detaile	d Schedule 3	5,000
				775,947

INSTITUTE OF MENTAL HYGIENE 72-0446138 DECEMBER 31, 2014

SCHEDULE 2

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

FOUNDATION RELATIONSHIP RECIPIENT'S NAME PURPOSE OF GRANT AMOUNT **STATUS** Louisiana Center for Children's Rights 501 (c) (3) Mental Health Research & Services 125,000 None 50,000 Children's Bureau None 501 (c) (3) Mental Health Research & Services New Orleans College Prep 501 (c) (3) Mental Health Research & Services 75,000 None 12,500 501 (c) (3) Mental Health Research & Services Rethink None Childhood & Family Learning 37,500 None 501 (c) (3) Mental Health Research & Services 20,000 KIDsmART Middle School None 501 (c) (3) Mental Health Research & Services St Benedict the Moor 501 (c) (3) Mental Health Research & Services 5,600 None City Year- Student Support None 501 (c) (3) Mental Health Research & Services 15,000 Harriet Tubman Charter School None 501 (c) (3) Mental Health Research & Services 20,000 Cafe' Reconcile None 501 (c) (3) Mental Health Research & Services 12,500 New Orleans Kids Partnership 501 (c) (3) None Mental Health Research & Services 30,000 Project Homecoming None 501 (c) (3) Mental Health Research & Services 25,000 Children's Health Fund None 501 (c) (3) Mental Health Research & Services 12,500 501 (c) (3) 21,000 Crescent City Schools None Mental Health Research & Services Children's World See Detailed Schedule 4 31,000 37,500 Policy Institute for Children None 501 (c) (3) Mental Health Research & Services 501 (c) (3) 195,000 Fussy Baby Network None Mental Health Research & Services Deep South Center for Environmental Justice None 501 (c) (3) Mental Health Research & Services 50,200 501 (c) (3) 25,000 Family Service of Greater New Orleans None Mental Health Research & Services 501 (c) (3) Liberty City CDC 130,000 Mental Health Research & Services None New Orleans Family Justice Alliance None 501 (c) (3) Mental Health Research & Services 130,000

1,060,300

Institute of Mental Hygiene EIN = 72-0446138 ATTACHMENT TO 2014 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 Early Learning

(2) Date Paid in Current Tax Year: \$5,000 – June 13, 2014

(3) Total Paid:

\$ 10,000 August 22, 2012

\$ 5,000 August 18, 2013

\$ 5,000 June 13, 2014

(4) Purpose: To purchase furnishings, learning supplies and toys and equipment, to facilitate the delivery of high quality LA 4 services

(5) Amount of Grant Spent by Grantee: \$20,000

(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:

April 25, 2014, March 10, 2015

(8) Verification (Optional and when applicable)

IMH reviewed the Grant Report on *April 26, 2014 and March 10, 2015* 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))

Institute of Mental Hygiene EIN = 72-0446138 ATTACHMENT TO 2014 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, LLC

(2) Date Paid in Current Tax Year: \$20.000 - 10 8 2014

(3) Total Paid:

\$20,000 - 10 8 2014

(4) Purpose: Making possible implementation of the Diverse Delivery agreement with Langston Hughes School where by LA4 services will be provided at Children's World (a five star center) for qualifying students planning to enroll at Hughes. LA4 provides free services for children of families at or below 185% of poverty.

(5) Amount of Grant Spent by Grantee: \$8,500 – the remainder of the \$20,000 (\$11,500) will be expended during 2015

(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:

January 31, 2015

(8) Verification (Optional and when applicable)

IMH reviewed the Grant Report on *April 26. 2014 and March 10. 2015* 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))