

Form **990-PF**  
 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.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018**

Name of foundation THE INFANT PARENT MENTAL HEALTH FOUNDATION		<b>A Employer identification number</b> 26-2055149
Number and street (or P O box number if mail is not delivered to street address) 11400 W OLYMPIC BLVD NO 590	Room/suite	<b>B Telephone number (see instructions)</b> (310) 481-5000
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90064		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>348,257</u>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		<b>(a)</b> Revenue and expenses per books	<b>(b)</b> Net investment income	<b>(c)</b> Adjusted net income	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule)	508,678			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents	4,800	4,800	4,800	
	<b>b</b> Net rental income or (loss)	4,800			
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	91,873	0	91,873		
<b>12 Total.</b> Add lines 1 through 11	605,351	4,800	96,673		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	12,000	0	0	0
	<b>14</b> Other employee salaries and wages	280,061	0	44,810	235,251
	<b>15</b> Pension plans, employee benefits	52,398	0	8,384	44,014
	<b>16a</b> Legal fees (attach schedule)	4,837	0	0	4,837
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	12,667	0	2,027	10,640
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	29,062	0	4,650	24,412
	<b>19</b> Depreciation (attach schedule) and depletion	8,169	0	8,616	
	<b>20</b> Occupancy	83,924	4,800	13,428	65,696
	<b>21</b> Travel, conferences, and meetings	907	0	0	907
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	101,967	0	14,759	87,208
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	585,992	4,800	96,674	472,965
	<b>25</b> Contributions, gifts, grants paid	0			0
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	585,992	4,800	96,674	472,965	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	19,359				
<b>b Net investment income</b> (if negative, enter -0-)		0			
<b>c Adjusted net income</b> (if negative, enter -0-)			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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	78,942	106,816	106,816
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ 74			
	Less allowance for doubtful accounts ▶ _____		74	74
	<b>4</b> Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .				
<b>14</b> Land, buildings, and equipment basis ▶ _____ 340,069				
Less accumulated depreciation (attach schedule) ▶ 104,702	243,536	235,367	235,367	
<b>15</b> Other assets (describe ▶ _____)	6,420	6,000	6,000	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	328,898	348,257	348,257	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	328,898	348,257		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	328,898	348,257		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	328,898	348,257		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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)	<b>1</b>	328,898
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	19,359
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	348,257
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	348,257

**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)
<b>1a</b>			

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	3	
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		

**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 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))
2017	499,775	72,534	6.890217
2016	398,116	82,749	4.811128
2015	393,657	180,715	2.178331
2014	428,622	9,443	45.390448
2013	0		

<b>2</b> Total of line 1, column (d)	2	59.270124
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	11.854025
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	111,002
<b>5</b> Multiply line 4 by line 3	5	1,315,820
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	0
<b>7</b> Add lines 5 and 6	7	1,315,820
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	472,965

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 instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits and payments. Total amount owed and overpaid are shown in rows 9 and 10.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.



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

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**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
<b>1</b> EARLY INTERVENTION AND PREVENTION PROGRAM FOR INFANT/PARENT MENTAL HEALTH COUNSELING SESSIONS	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	112,692
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	112,692
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	112,692
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	1,690
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	111,002
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	5,550

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	472,965
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	472,965
<b>5</b>	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.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	472,965

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**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 2018, enter the date of the ruling. . . . . 2008-08-12

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .	0	0	0	9,036	9,036
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	0	0	0	7,681	7,681
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	472,965	499,775	398,116	393,657	1,764,513
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	472,965	499,775	398,116	393,657	1,764,513

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . . 336,388 496,659 833,047

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . . 0

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . . 0

**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) . . . . . 473,873 566,765 1,040,638

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . . 473,873 566,765 1,040,638

(3) Largest amount of support from an exempt organization . . . . . 190,000 190,000 380,000

(4) Gross investment income . . . . . 0 0

**Part XV Supplementary Information (Complete this part only if the foundation 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) )  
 DEBORAH GROENING

**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  
 DEBORAH GROENING

**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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**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**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
<b>Total . . . . .</b>	<b>▶ 3a</b>			
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>	<b>▶ 3b</b>			





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## TY 2018 Depreciation Schedule

**Name:** THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

**EIN:** 26-2055149

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE	2010-01-01	18,652	18,652	200DB	7 000000000000	0	0	0	
LEASEHOLD IMPROVEMENTS	2010-01-01	273,867	55,894	SL	39 000000000000	7,022	0	7,022	
FURNITURE	2010-01-14	1,083	1,083	200DB	7 000000000000	0	0	0	
COMPUTER EQUIPMENT	2010-01-14	1,505	1,505	200DB	5 000000000000	0	0	0	
COMPUTER EQUIPMENT	2010-02-24	1,176	1,176	200DB	5 000000000000	0	0	0	
FURNITURE	2010-03-04	2,313	2,313	200DB	7 000000000000	0	0	0	
COMPUTER EQUIPMENT	2010-03-15	1,277	1,277	200DB	5 000000000000	0	0	0	
FURNITURE	2010-04-21	207	207	200DB	7 000000000000	0	0	0	
OFFICE EQUIPMENT	2010-04-22	604	604	200DB	7 000000000000	0	0	0	
LEASEHOLD IMPROVEMENTS	2010-10-18	6,457	1,197	SL	39 000000000000	166	0	166	
FURNITURE	2010-10-21	2,500	2,500	200DB	7 000000000000	0	0	0	
FURNITURE	2010-11-10	350	350	200DB	7 000000000000	0	0	0	
FURNITURE	2010-12-14	340	340	200DB	7 000000000000	0	0	0	
COMPUTER EQUIPMENT	2011-06-15	1,519		200DB	5 000000000000	0	0	0	
COMPUTER EQUIPMENT	2011-07-12	75		200DB	5 000000000000	0	0	0	
OFFICE EQUIPMENT	2013-08-13	281	108	200DB	7 000000000000	12	0	40	
LEASEHOLD IMPROVEMENTS	2013-08-16	1,567	175	SL	39 000000000000	40	0	40	
OFFICE EQUIPMENT	2013-09-12	1,149	446	200DB	7 000000000000	51	0	164	
LEASEHOLD IMPROVEMENTS	2013-10-02	2,075	223	SL	39 000000000000	53	0	53	
OFFICE EQUIPMENT	2013-10-16	53	20	200DB	7 000000000000	2	0	8	

**Depreciation Schedule**

<b>Description of Property</b>	<b>Date Acquired</b>	<b>Cost or Other Basis</b>	<b>Prior Years' Depreciation</b>	<b>Computation Method</b>	<b>Rate / Life (# of years)</b>	<b>Current Year's Depreciation Expense</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Cost of Goods Sold Not Included</b>
LEASEHOLD IMPROVEMENTS	2013-11-19	1,688	177	SL	39 0000000000000	43	0	43	
LEASEHOLD IMPROVEMENTS	2013-11-19	1,957	206	SL	39 0000000000000	50	0	50	
FURNITURE	2014-01-15	400	138	200DB	7 0000000000000	18	0	57	
FURNITURE	2014-08-12	100	34	200DB	7 0000000000000	4	0	14	
COMPUTER EQUIPMENT	2014-07-08	225	93	200DB	5 0000000000000	13	0	45	
OFFICE EQUIPMENT	2014-08-19	506	174	200DB	7 0000000000000	23	0	72	
LEASEHOLD IMPROVEMENTS	2014-10-21	5,820	478	SL	39 0000000000000	149	0	149	
LEASEHOLD IMPROVEMENTS	2014-11-04	7,952	638	SL	39 0000000000000	204	0	204	
COMPUTER EQUIPMENT	2015-03-17	700	249	200DB	5 0000000000000	40	0	140	
COMPUTER EQUIPMENT	2017-03-23	1,745	174	200DB	5 0000000000000	279	0	349	

## TY 2018 Land, Etc. Schedule

**Name:** THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

**EIN:** 26-2055149

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE	18,652	18,652	0	
LEASEHOLD IMPROVEMENTS	273,867	62,916	210,951	
FURNITURE	1,083	1,083	0	
COMPUTER EQUIPMENT	1,505	1,505	0	
COMPUTER EQUIPMENT	1,176	1,176	0	
FURNITURE	2,313	2,313	0	
COMPUTER EQUIPMENT	1,277	1,277	0	
COMPUTER SOFTWARE	428	428	0	
FURNITURE	207	207	0	
OFFICE EQUIPMENT	604	604	0	
COMPUTER SOFTWARE	1,349	1,349	0	
LEASEHOLD IMPROVEMENTS	6,457	1,363	5,094	
FURNITURE	2,500	2,500	0	
FURNITURE	350	350	0	
FURNITURE	340	340	0	
COMPUTER EQUIPMENT	1,519	1,519	0	
COMPUTER EQUIPMENT	75	75	0	
COMPUTER SOFTWARE	149	149	0	
OFFICE EQUIPMENT	281	261	20	
LEASEHOLD IMPROVEMENTS	1,567	215	1,352	
OFFICE EQUIPMENT	1,149	1,072	77	
LEASEHOLD IMPROVEMENTS	2,075	276	1,799	
OFFICE EQUIPMENT	53	49	4	
LEASEHOLD IMPROVEMENTS	1,688	220	1,468	
LEASEHOLD IMPROVEMENTS	1,957	256	1,701	
FURNITURE	400	356	44	
FURNITURE	100	88	12	
COMPUTER EQUIPMENT	225	219	6	
OFFICE EQUIPMENT	506	450	56	
LEASEHOLD IMPROVEMENTS	5,820	627	5,193	

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
LEASEHOLD IMPROVEMENTS	7,952	842	7,110	
COMPUTER EQUIPMENT	700	639	61	
COMPUTER EQUIPMENT	1,745	1,326	419	

**TY 2018 Legal Fees Schedule**

**Name:** THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

**EIN:** 26-2055149

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	4,837	0	0	4,837

**TY 2018 Other Assets Schedule**

**Name:** THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

**EIN:** 26-2055149

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSITS	6,420	6,000	6,000

**TY 2018 Other Expenses Schedule**

**Name:** THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

**EIN:** 26-2055149

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANKING COSTS	3,622	0	0	3,622
INSURANCE	42,233	0	6,757	35,476
MESSENGER	96	0	0	96
OFFICE SUPPLIES	3,595	0	575	3,020
PARKING	3,047	0	0	3,047
POSTAGE	111	0	0	111
PROTECTION AND BURGLAR ALARM EXPENSE	400	0	64	336
PUBLICITY	8,745	0	1,399	7,346
UTILITIES	9,624	0	1,540	8,084
MAINTENANCE & REPAIRS	10,873	0	1,740	9,133

**Other Expenses Schedule**

<b>Description</b>	<b>Revenue and Expenses per Books</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TELEPHONE	11,582	0	1,853	9,729
WEBSITE COSTS	2,139	0	0	2,139
RENT-EQUIPMENT	5,195	0	831	4,364
GIFTS-CARDS	705	0	0	705

**TY 2018 Other Income Schedule**

**Name:** THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

**EIN:** 26-2055149

**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
COMMUNITY PROGRAM FEES	37,512		37,512
COUNSELING	54,361		54,361

**TY 2018 Other Professional Fees Schedule**

**Name:** THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

**EIN:** 26-2055149

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
DUES	3,338	0	534	2,804
OUTSIDE SERVICES	9,329	0	1,493	7,836

**TY 2018 Taxes Schedule**

**Name:** THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

**EIN:** 26-2055149

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TAXES & LICENSES	29,062	0	4,650	24,412

**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  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

**Employer identification number**  
26-2055149

**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, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> THE INFANT PARENT MENTAL HEALTH FOUNDATION	<b>Employer identification number</b> 26-2055149
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**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	DEBORAH CAPLAN GROENING 11400 W OLYMPIC BLVD SUITE 590  LOS ANGELES, CA 90064	\$ 165,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
2	THE CHILDREN WE LOVE FOUNDATION 11400 W OLYMPIC BLVD SUITE 590  LOS ANGELES, CA 90064	\$ 341,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>

<b>Name of organization</b> THE INFANT PARENT MENTAL HEALTH FOUNDATION	<b>Employer identification number</b> 26-2055149
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<b>Part II</b> <b>Noncash Property</b>
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(See instructions) Use duplicate copies of Part II if additional space is needed _____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____

<b>Name of organization</b> THE INFANT PARENT MENTAL HEALTH FOUNDATION	<b>Employer identification number</b> 26-2055149
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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