

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning** OCT 1, 2010 **and ending** SEP 30, 2011

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> CHILD MIND INSTITUTE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 445 PARK AVENUE 2ND FL City or town, state or country, and ZIP + 4 NEW YORK, NY 10022 <b>F Name and address of principal officer:</b> DR. HAROLD KOPEWICZ, MD SAME AS C ABOVE	<b>D Employer identification number</b> 80-0478843 <b>E Telephone number</b> 212-308-3118 <b>G Gross receipts \$</b> 9,115,344. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.CHILDMIND.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 2009 <b>M State of legal domicile:</b> NY

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>WE ARE DEDICATED TO TRANSFORMING MENTAL HEALTH CARE FOR CHILDREN EVERYWHERE.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	34
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	34
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	<b>5</b>	26
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	37
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		8,570,923.	8,975,012.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		0.	0.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		2,513.	11,131.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		8,573,436.	8,959,607.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		0.	690,000.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		879,483.	2,132,516.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		62,812.	130,531.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 934,776.		1,115,939.	3,111,197.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....		2,058,234.	6,064,244.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		6,515,202.	2,895,363.
Net Assets or Fund Balances	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) .....	6,668,530.	9,797,368.
	<b>21</b> Total liabilities (Part X, line 26) .....	153,328.	386,803.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	6,515,202.	9,410,565.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date <u>12/10/12</u>
	DR. HAROLD KOPEWICZ, MD, PRESIDENT Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name ROBERT R. LYONS, CPA	Preparer's signature
	Firm's name ▶ MARKS PANETH & SHRON LLP	Date <u>12/10/12</u>
	Firm's address ▶ 622 THIRD AVENUE NEW YORK, NY 10017	Check if self-employed <input type="checkbox"/> PTIN <u>P0227472</u>
		Firm's EIN ▶ Phone no. 212 503-8800

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE CHILD MIND INSTITUTE IS DEDICATED TO TRANSFORMING MENTAL HEALTH CARE FOR CHILDREN EVERYWHERE. OUR ORGANIZATION IS COMMITTED TO FINDING MORE EFFECTIVE TREATMENTS FOR CHILDHOOD PSYCHIATRIC AND LEARNING DISORDERS, BUILDING THE SCIENCE OF HEALTHY BRAIN DEVELOPMENT, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,279,778. including grants of \$ ) (Revenue \$ ) PUBLIC EDUCATION

THE CHILD MIND INSTITUTE HAS A PUBLIC EDUCATION MISSION TO PROVIDE AUTHORITATIVE, SCIENCE-BASED INFORMATION AND RESOURCES ABOUT CHILDREN'S MENTAL HEALTH TO PARENTS, EDUCATORS AND OTHER MENTAL HEALTH PROFESSIONALS.

CHILDMIND.ORG - THE CHILD MIND INSTITUTE'S WEB SITE CONTAINS A WEALTH OF INFORMATION, NEWS, ADVICE AND STRATEGIES FOR PARENTS, EDUCATORS, AND MENTAL HEALTH PROFESSIONALS DEALING WITH PSYCHIATRIC AND LEARNING DISORDERS IN CHILDREN AND ADOLESCENTS. AN INTERACTIVE SYMPTOM CHECKER AND MENTAL HEALTH GUIDE OFFER THE LATEST THINKING ON COMMON DISORDERS,

4b (Code: ) (Expenses \$ 594,946. including grants of \$ ) (Revenue \$ ) SCIENCE AND INNOVATION

THE CHILD MIND INSTITUTE HAS A SCIENCE AND INNOVATION MISSION THAT UNDERScores THE TRANSFORMATIVE POWER OF COLLABORATIVE RESEARCH IN THE FIELD OF CHILD MENTAL HEALTH.

CENTER FOR THE DEVELOPING BRAIN - THE CHILD MIND INSTITUTE LAUNCHED THE CENTER FOR THE DEVELOPING BRAIN IN AUGUST 2011 TO LEAD AN INNOVATIVE NEUROSCIENCE INITIATIVE TO EXAMINE AND UNDERSTAND THE DEVELOPING BRAIN, AND ACCELERATE THE PACE OF DISCOVERY IN THE FIELD. FOCUSED ON PROMOTING "OPEN SCIENCE" IN THE NEUROIMAGING FIELD, THE CENTER SPEARHEADS LARGE-SCALE DEMONSTRATIONS OF THE FEASIBILITY AND

4c (Code: ) (Expenses \$ 182,801. including grants of \$ ) (Revenue \$ ) ACCESS TO CLINICAL CARE

THE CHILD MIND INSTITUTE AIMS TO PROVIDE RESOURCES TO CHILDREN, TEENS, AND FAMILIES TO IMPROVE ACCESS TO THE CLINICAL CARE THEY NEED TO LIVE HEALTHY, FULFILLING LIVES.

FINANCIAL AID PROGRAM - THE CHILD MIND INSTITUTE LAUNCHED THE FINANCIAL AID PROGRAM IN AN EFFORT TO HELP CHILDREN AND FAMILIES RECEIVE CARE AND TREATMENT, REGARDLESS OF ECONOMIC STANDING, BY CLINICIANS AT THE CHILD MIND MEDICAL PRACTICE, A MEDICAL PRACTICE FORMED TO SUPPORT THE CLINICAL MISSION OF THE CHILD MIND INSTITUTE. MODELED AFTER GUIDELINES SIMILAR TO THOSE ADOPTED BY DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

4d Other program services. (Describe in Schedule O.) (Expenses \$ 690,000. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,747,525.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 24		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 26		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>5a</b>		X
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 34		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 34		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Does the organization have members or stockholders?	<b>6</b>		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>7a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	<b>10a</b>	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<b>10b</b>	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<b>12a</b>	X
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>12c</b>	X
<b>13</b> Does the organization have a written whistleblower policy?	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SHERINE KHALIL - 212-308-3118**  
**445 PARK AVENUE, NEW YORK, NY 10022**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ARTHUR G. ALTSCHUL, JR. DIRECTOR	0.50	X					0.	0.	0.	
DEBRA G. PERELMAN VICE CHAIR AND DIRECTOR	2.50	X		X			0.	0.	0.	
MARGARET GRIEVE DIRECTOR	1.50	X					0.	0.	0.	
PHYLLIS GREEN DIRECTOR	0.50	X					0.	0.	0.	
RANDOLPH COWEN DIRECTOR	0.50	X					0.	0.	0.	
MEGAN DOWLEY DIRECTOR	0.50	X					0.	0.	0.	
MARK DOWLEY DIRECTOR	0.50	X					0.	0.	0.	
BARBARA EIG DIRECTOR	0.50	X					0.	0.	0.	
NORMAN EIG DIRECTOR	0.50	X					0.	0.	0.	
ELIZABETH FASCITELLI SECRETARY AND DIRECTOR	0.50	X		X			0.	0.	0.	
MICHAEL FASCITELLI DIRECTOR	0.50	X					0.	0.	0.	
GIDEON M. GIL DIRECTOR	0.50	X					0.	0.	0.	
LORI HALL DIRECTOR	0.50	X					0.	0.	0.	
GEORGE HALL DIRECTOR	0.50	X					0.	0.	0.	
JANE ROSENTHAL DIRECTOR	0.50	X					0.	0.	0.	
CRAIG HATKOFF DIRECTOR	0.50	X					0.	0.	0.	
JOSEPH HEALEY DIRECTOR	0.50	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN KATZ DIRECTOR	0.50	X						0.	0.	0.
HOWARD KATZ DIRECTOR	0.50	X						0.	0.	0.
CHRISTINE MACK DIRECTOR	0.50	X						0.	0.	0.
RICHARD MACK DIRECTOR	0.50	X						0.	0.	0.
STEVEN MARCUS DIRECTOR	0.50	X						0.	0.	0.
ANNE WELSH MCNULTY TREASURER AND DIRECTOR	0.50	X		X				0.	0.	0.
JULIE MINSKOFF DIRECTOR	0.50	X						0.	0.	0.
MARCIA MISHAAN DIRECTOR	0.50	X						0.	0.	0.
RICHARD MISHAAN DIRECTOR	0.50	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								374,132.	0.	45,020.
<b>d Total (add lines 1b and 1c)</b>								374,132.	0.	45,020.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
RED INTERACTIVE AGENCY, LLC, 3420 OCEAN PK BLVD, STE 3080, SANTA MONICA, CA 90405	MARKETING	240,000.
GLOBAL PHILANTHROPY GROUP, LLC, 1500 4TH AVENUE, SUITE 600, SEATTLE, WA 98101	CONSULTING	129,379.
SULLIVAN & CROMWELL LLP 125 BROAD STREET, NEW YORK, NY 10004-2498	LEGAL FEES	106,563.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL NEIDICH DIRECTOR	0.50	X					0.	0.	0.	
JORDAN SCHAPS DIRECTOR	0.50	X					0.	0.	0.	
LINDA SCHAPS DIRECTOR	0.50	X					0.	0.	0.	
CLAUDE WASSERSTEIN DIRECTOR	0.50	X					0.	0.	0.	
PREETHI KRISHNA DIRECTOR	0.50	X					0.	0.	0.	
RAM SUNDARAM DIRECTOR	0.50	X					0.	0.	0.	
BROOKE GARBER NEIDICH CHAIR AND DIRECTOR	3.00	X		X			0.	0.	0.	
MARGARET BILOTTI DIRECTOR	0.50	X					0.	0.	0.	
DR. HAROLD KOPEWICZ, MD PRES. (SEE SCHEDULE O)	20.00			X			41,667.	0.	23,385.	
SHERINE KHALIL CHIEF OPERATING OFFICER	40.00			X			110,641.	0.	2,810.	
REBECCA BENGHIAT CHIEF OF STAFF	40.00			X			86,574.	0.	7,965.	
GREGORY ALCOCK VP, INSTITUTIONAL ADVANCEMENT	40.00					X	135,250.	0.	10,860.	
<b>Total to Part VII, Section A, line 1c</b>							<b>374,132.</b>		<b>45,020.</b>	

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....					
	1 b	Membership dues .....					
	1 c	Fundraising events .....	5,059,281.				
	1 d	Related organizations .....					
	1 e	Government grants (contributions) .....					
	1 f	All other contributions, gifts, grants, and similar amounts not included above .....	3,915,731.				
	g	Noncash contributions included in lines 1a-1f: \$ .....	255,859.				
	h	<b>Total.</b> Add lines 1a-1f .....	8,975,012.				
	Program Service Revenue	2 a	..... Business Code				
2 b		.....					
2 c		.....					
2 d		.....					
2 e		.....					
2 f		All other program service revenue .....					
g		<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....	11,131.			11,131.	
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....					
	6 a	Gross Rents .....	(i) Real	(ii) Personal			
		Less: rental expenses .....					
		Rental income or (loss) .....					
		Net rental income or (loss) .....					
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses .....					
		Gain or (loss) .....					
		Net gain or (loss) .....					
	8 a	Gross income from fundraising events (not including \$ 5,059,281. of contributions reported on line 1c). See Part IV, line 18 .....	a	112,230.			
		Less: direct expenses .....	b	155,737.			
		Net income or (loss) from fundraising events .....		-43,507.			-43,507.
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a				
Less: direct expenses .....		b					
Net income or (loss) from gaming activities .....							
10 a	Gross sales of inventory, less returns and allowances .....	a					
	Less: cost of goods sold .....	b					
	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS REVENUE	900099	16,971.	16,971.			
11 b	.....						
11 c	.....						
11 d	All other revenue .....						
11 e	<b>Total.</b> Add lines 11a-11d .....		16,971.				
12	<b>Total revenue.</b> See instructions. ....		8,959,607.	16,971.	0.	-32,376.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	690,000.	690,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	919,181.	218,983.	399,406.	300,792.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	874,600.	721,644.	19,133.	133,823.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	338,735.	102,050.	196,110.	40,575.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management			72,936.	
b Legal	72,936.		72,936.	
c Accounting	115,019.		115,019.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	130,531.			130,531.
f Investment management fees				
g Other	786,560.	297,735.	378,190.	110,635.
12 Advertising and promotion	182,406.	178,423.	3,983.	
13 Office expenses	155,569.	13,062.	47,056.	95,451.
14 Information technology				
15 Royalties				
16 Occupancy	518,802.	27,344.	440,899.	50,559.
17 Travel	70,290.	30,486.	27,667.	12,137.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,323.	4,933.		390.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	283,913.		283,913.	
23 Insurance	39,255.		39,255.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a WEB DEV. AND DESIGN	428,713.	394,360.	336.	34,017.
b COMPUTERS & EQUIPMENT	283,414.	20,322.	251,896.	11,196.
c TELEPHONE	46,114.	5,008.	39,555.	1,551.
d BANK FEES	30,312.	101.	30,161.	50.
e PRINTING	28,267.	9,217.	8,945.	10,105.
f All other expenses	64,304.	33,857.	27,483.	2,964.
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>6,064,244.</b>	<b>2,747,525.</b>	<b>2,381,943.</b>	<b>934,776.</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	4,021,363.	1	5,190,112.
	2	Savings and temporary cash investments	10,983.	2	81,082.
	3	Pledges and grants receivable, net	1,686,489.	3	1,357,393.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	197,963.	9	184,589.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,749,616.		
		10a			
	b	Less: accumulated depreciation	301,207.	10c	2,448,409.
		10b			
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	561,315.	15	535,783.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,668,530.	16	9,797,368.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	153,328.	17	363,645.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	23,158.
	26	<b>Total liabilities.</b> Add lines 17 through 25	153,328.	26	386,803.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	4,670,330.	27	7,514,954.
	28	Temporarily restricted net assets	1,844,872.	28	1,895,611.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	6,515,202.	33	9,410,565.
	34	<b>Total liabilities and net assets/fund balances</b>	6,668,530.	34	9,797,368.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,959,607.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,064,244.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,895,363.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,515,202.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,410,565.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **CHILD MIND INSTITUTE, INC.** Employer identification number: **80-0478843**

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

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

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

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....				8570923.	8975012.	17545935.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 <b>Total.</b> Add lines 1 through 3 .....				8570923.	8975012.	17545935.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4219040.
6 <b>Public support.</b> Subtract line 5 from line 4 .....						13326895.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....				8570923.	8975012.	17545935.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...				2,513.	11,131.	13,644.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						17559579.
12 Gross receipts from related activities, etc. (see instructions) .....					12	

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	%

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **CHILD MIND INSTITUTE, INC.** Employer identification number **80-0478843**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	Beginning balance
1d	Additions during the year
1e	Distributions during the year
1f	Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,247,511.		1,247,511.
d Equipment		1,402,105.	301,207.	1,100,898.
e Other		100,000.		100,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,448,409.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	125,309.
(2) DUE FROM CHILD MIND MEDICAL PRACTICE, PLLC	410,474.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ..... ▶ 535,783.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED RENT LIABILITY	23,158.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ..... ▶ 23,158.

2. FIN 48 (ASC 740) footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	8,959,607.
2	Total expenses (Form 990, Part IX, column (A), line 25)	6,064,244.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	2,895,363.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	2,895,363.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	8,959,607.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 0.
3	Subtract line 2e from line 1	3 8,959,607.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 8,959,607.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	6,064,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 0.
3	Subtract line 2e from line 1	3 6,064,244.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 6,064,244.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: CMI HAS NO UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2011 AND 2010 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISION FOR UNCERTAIN TAX POSITIONS.**

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open To Public  
Inspection

Name of the organization **CHILD MIND INSTITUTE, INC.** Employer identification number **80-0478843**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EVENT ASSOCIATES, INC. - 162 WEST 56TH ST., NY, NY 10019	FUNDRAISING FOR GALA		X	5,171,511.	76,666.	5,094,845.
<b>Total</b>				5,171,511.	76,666.	5,094,845.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GALA EVENT (event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....	5,171,511.		5,171,511.
	2	Less: Charitable contributions .....	5,059,281.		5,059,281.
	3	Gross income (line 1 minus line 2) .....	112,230.		112,230.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....	155,737.		155,737.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			( 155,737 )
	11	Net income summary. Combine line 3, column (d), and line 10 .....			-43,507.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility		%
b An outside facility		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE \$76,666 INDICATED REPRESENTS THE AMOUNT PAID TO FUNDRAISER COMPANY, EVENT ASSOCIATES, TOWARDS THE PLANNING OF THE DECEMBER 2010 ANNUAL BENEFIT DINNER. OF THAT AMOUNT, \$53,353 WAS PRE-PAID TO EVENT ASSOCIATES IN THE PREVIOUS FISCAL YEAR 2010, TOWARD THE PLANNING OF DECEMBER 2010 ANNUAL BENEFIT DINNER. THE TOTAL AMOUNT PAID TO EVENT ASSOCIATES FOR THE PLANNING OF THE DECEMBER 2010 ANNUAL DINNER WAS \$76,666, WHICH INCLUDED \$65,000 CONTRACT, PLUS \$8,313 IN REIMBURSABLE EXPENSES (I.E. POSTAGE, PRINTERS, ETC.). FURTHER, A NEW CONTRACT WITH EVENT ASSOCIATES TO PLAN THE DECEMBER 2011

**Part IV** Supplemental Information *(continued)*

ANNUAL BENEFIT DINNER WAS EXECUTED, AND \$43,000 WAS PRE-PAID TOWARDS THAT CONTRACT IN FISCAL YEAR 2011.

Lined area for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2010**

Open to Public Inspection

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization

**CHILD MIND INSTITUTE, INC.**

Employer identification number  
**80-0478843**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD MIND MEDICAL PRACTICE, PLLC 445 PARK AVENUE NEW YORK, NY 10022	27-3037790		690,000.	0.	FMV		SEE PART IV

**2** Enter total number of section 501(c)(3) and government organizations ..... 0.

**3** Enter total number of other organizations ..... 1.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART II, LINE 1A

A FUNDAMENTAL COMPONENT OF THE CHILD MIND INSTITUTE'S ("CMI") MISSION IS TO CONDUCT RESEARCH IN FURTHERANCE OF ADVANCING BRAIN SCIENCE, PRIMARILY AIMED AT DEVELOPING INNOVATIVE AND EFFECTIVE EVIDENCED-BASED TREATMENTS AND EXPERT DIAGNOSIS TO IMPROVE THE MENTAL HEALTH OF CHILDREN. INHERENT IN THE FOREGOING OBJECTIVE IS THE CONDUCT OF CERTAIN ACTIVITIES THAT ARE CONSIDERED TO INVOLVE THE CLINICAL PRACTICE OF MEDICINE. NEW YORK LAW PROVIDES FOR A STRICT PROHIBITION AGAINST THE "CORPORATE PRACTICE OF MEDICINE." UNDER THE CORPORATE PRACTICE OF

**Part IV** Supplemental Information

MEDICINE DOCTRINE, ONLY INDIVIDUALS WHO ARE LICENSED TO PRACTICE MEDICINE AND PROFESSIONAL ENTITIES, SUCH AS PROFESSIONAL SERVICE CORPORATIONS OR PROFESSIONAL SERVICE LIMITED LIABILITY COMPANIES WHOSE OWNERS ARE INDIVIDUALS LICENSED TO PRACTICE MEDICINE, MAY ENGAGE IN THE CONDUCT OF THE CLINICAL PRACTICE OF MEDICINE. CONSEQUENTLY, CMI, BEING A NOT-FOR-PROFIT CORPORATION, IS NOT AUTHORIZED TO DIRECTLY ENGAGE IN THE PRACTICE OF MEDICINE IN NEW YORK. TO FULFILL ITS MISSION TO CONDUCT RESEARCH IN CHILD MENTAL HEALTH AND PROVIDE ACCESS TO EXPERT CLINICAL DIAGNOSIS, CARE AND TREATMENT, CMI FACILITATED THE CREATION OF THE CHILD MIND MEDICAL PRACTICE, PLLC (THE "PRACTICE"), A SEPARATE NEW YORK PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY TO CONDUCT CLINICAL RESEARCH AND PROVIDE MEDICAL TREATMENT AND HEALTH SERVICES TO CHILDREN. BECAUSE UNDER NEW YORK LAW, ONLY INDIVIDUALS LICENSED TO PRACTICE MEDICINE MAY HOLD AN OWNERSHIP INTEREST IN A PROFESSIONAL SERVICES ENTITY, SUCH AS THE PRACTICE, FORMED TO PROVIDE MEDICAL SERVICES, CMI IS NOT PERMITTED TO HOLD AN OWNERSHIP INTEREST IN THE PRACTICE. TO ADDRESS THIS LIMITATION, DR. HAROLD KOPLEWICZ, MD, THE PRESIDENT OF CMI, SERVES AS THE SOLE MEMBER OF THE PRACTICE. THE RELATIONSHIP AMONG CMI, THE PRACTICE AND DR. KOPLEWICZ IS STRUCTURED SO THAT DR. KOPLEWICZ RECEIVES NO ECONOMIC BENEFIT FROM HIS MEMBERSHIP INTEREST IN THE PRACTICE. THE PRACTICE DOES NOT FALL UNDER THE DEFINITION OF A "RELATED ORGANIZATION" UNDER THE FORM 990 INSTRUCTIONS.

TO FACILITATE THE FORMATION OF THE PRACTICE AND THE CONDUCT BY THE PRACTICE OF PROGRAMS AND SERVICES THAT FURTHER CMI'S CHARITABLE, SCIENTIFIC AND EDUCATIONAL MISSION, CMI MADE A SPECIAL PURPOSE RESTRICTED GRANT TO THE PRACTICE, THE TERMS AND CONDITIONS OF SUCH RESTRICTED GRANT BEING SET FORTH IN A BINDING WRITTEN RESTRICTED GRANT

**Part IV** Supplemental Information

AGREEMENT BETWEEN CMI AND THE PRACTICE, WHICH TERMS AND CONDITIONS INCLUDE, WITHOUT LIMITATION, THAT (I) THE PRACTICE IS REQUIRED TO OPERATE IN MANNER THAT IS, AND LIMIT ITS ACTIVITIES TO THOSE THAT ARE, CONSISTENT WITH AND FURTHER THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL MISSION OF CMI, (II) THE GRANT MUST BE USED BY THE PRACTICE EXCLUSIVELY IN CONNECTION WITH THE CONDUCT OF ACTIVITIES THAT FURTHER AND SUPPORT CMI'S CHARITABLE, SCIENTIFIC AND EDUCATIONAL MISSIONS, (III) THE PRACTICE MUST OBSERVE VARIOUS REPORTING, BUDGETARY AND OTHER FINANCIAL LIMITATIONS AND ITS AUDITORS MUST BE ACCEPTABLE TO CMI. IF THE PRACTICE FAILS TO OBSERVE THE REQUIREMENTS OF THE RESTRICTED GRANT AGREEMENT, IT IS REQUIRED TO IMMEDIATELY REPAY TO CMI THE FULL AMOUNT OF THE GRANT. THE SPECIAL PURPOSE RESTRICTED GRANT TO THE PRACTICE WAS APPROVED BY CMI'S BOARD IN 2010. THE GRANT IS MONITORED BY THE FINANCE COMMITTEE OF CMI'S BOARD OF DIRECTORS. THE AMOUNT OF THE RESTRICTED GRANT BY CMI TO THE PRACTICE FOR THE YEAR ENDED SEPTEMBER 30, 2011 WAS \$690,000.

NOTE THAT THE RESTRICTED GRANT WAS INADVERTENTLY REFLECTED INCORRECTLY ON CMI'S FORM 990 (SCHEDULE L, TRANSACTION WITH AN INTERESTED PERSON) FOR FY 9/30/2010 AS A LOAN TRANSACTION. THE CHARACTERIZATION OF THE RESTRICTED GRANT AS A GRANT IS NOW PROPERLY REFLECTED ON THIS FORM 990.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Name of the organization

**CHILD MIND INSTITUTE, INC.**

Employer identification number

**80-0478843**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
"CMMP, PLLC"	SEE PART V	410,474.	SEE PART V		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF ENTITY: CHILD MIND MEDICAL PRACTICE, PLLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: CHILD MIND INSTITUTE ("CMI") FACILITATED THE CREATION OF THE CHILD MIND MEDICAL PRACTICE, PLLC ("PRACTICE"). DR. HAROLD KOPLEWICZ, MD IS THE PRESIDENT OF CMI AND THE SOLE MEMBER OF THE PRACTICE. THE PRACTICE DOES NOT FALL UNDER THE DEFINITION OF A "RELATED ORGANIZATION" TO CMI UNDER THE FORM 990 INSTRUCTIONS.

(D) DESCRIPTION OF TRANSACTION: IN ORDER TO FURTHER ITS MISSION OF PROVIDING ACCESS TO CLINICAL CARE AND TREATMENT AND CONDUCTING RESEARCH ON CHILD MENTAL HEALTH, CMI FACILITATED THE FORMATION OF A SEPARATE NEW YORK PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY, THE CHILD MIND MEDICAL PRACTICE, PLLC (THE "PRACTICE"), TO PROVIDE MEDICAL TREATMENT AND HEALTH SERVICES TO CHILDREN. UNDER NEW YORK STATE LAW, ONLY INDIVIDUALS WHO ARE LICENSED TO PRACTICE MEDICINE MAY HOLD AN OWNERSHIP INTEREST IN SUCH AN ENTITY THAT IS LICENSED TO PROVIDE MEDICAL SERVICES. THE RELATIONSHIP AMONG CMI, THE PRACTICE AND DR. KOPLEWICZ IS STRUCTURED SO THAT DR. KOPLEWICZ RECEIVES NO ECONOMIC BENEFIT FROM HIS MEMBERSHIP INTEREST IN THE PRACTICE.

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

FOR ADMINISTRATIVE CONVENIENCE, CMI PROVIDES CERTAIN ADMINISTRATIVE SERVICES TO THE PRACTICE FOR WHICH THE PRACTICE COMPENSATES CMI. CONSISTENT WITH CMI'S INTERNAL POLICIES AND PROCEDURES, THE FEE PAID BY THE PRACTICE TO CMI IS BASED ON THE FAIR MARKET VALUE OF THE PROVIDED SERVICES DETERMINED UNDER AN ARM'S LENGTH PROCESS BASED ON GUIDANCE BY EXTERNAL INDEPENDENT ADVISORS. THE METHODOLOGY FOR DETERMINING THE FAIR VALUE OF SUCH SERVICES IS INDEPENDENTLY MONITORED PERIODICALLY BY CMI'S INDEPENDENT AUDITORS. PAYMENT BY THE PRACTICE TO CMI FOR SERVICES PROVIDED DURING THE PAST FISCAL YEAR ARE REFLECTED AS A RECEIVABLE ON CMI'S BOOKS IN THE AMOUNT OF \$410,474, AS REFLECTED IN PART X AND SCHEDULE D, PART IX, OF SCHEDULE F OF FORM 990.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **CHILD MIND INSTITUTE, INC.** Employer identification number **80-0478843**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	9	255,859.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

CHILD MIND INSTITUTE, INC.

Employer identification number

80-0478843

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR ORGANIZATION IS COMMITTED TO FINDING MORE EFFECTIVE TREATMENTS FOR  
CHILDHOOD PSYCHIATRIC AND LEARNING DISORDERS, BUILDING THE SCIENCE OF  
HEALTHY BRAIN DEVELOPMENT, AND EMPOWERING CHILDREN AND THEIR FAMILIES  
WITH HELP, HOPE, AND ANSWERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWERING CHILDREN AND THEIR FAMILIES WITH HELP, HOPE, AND ANSWERS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EACH ACTIVITY THAT IS NEW IS IDENTIFIED AS SUCH IN PART III.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FROM SYMPTOMS TO TREATMENTS. MENTAL HEALTH EXPERTS FROM INSTITUTIONS  
AROUND THE COUNTRY OFFER INFORMATION AND INSIGHT ON THEIR SPECIALTIES  
IN DOZENS OF EDUCATIONAL VIDEOS. FEATURE ARTICLES ADDED AT LEAST WEEKLY  
DISCUSS ISSUES OF INTEREST TO PARENTS, WHETHER OR NOT THEY HAVE A CHILD  
WITH A PSYCHIATRIC OR LEARNING DISORDER. BRAINSTORM, A BLOG UPDATED  
DAILY, OFFERS SUMMARIES OF NEWS, LINKS TO ARTICLES OF INTEREST  
ELSEWHERE, AND COMMENTARY ON ISSUES RELATED TO CHILDREN'S MENTAL  
HEALTH. CHILDMIND.ORG HAS PARTNERED WITH DOZENS OF OTHER SITES AND  
BLOGS TO SHARE CONTENT AND ENLARGE THE FOOTPRINT OF THE ARTICLES AND  
RESOURCES WE HAVE CREATED, AND A ROBUST SOCIAL MEDIA CAMPAIGN USES  
FACEBOOK AND TWITTER TO SPREAD THE WORD.

SPEAK UP FOR KIDS! - THE CHILD MIND INSTITUTE'S SPEAK UP FOR KIDS IS A

Name of the organization

CHILD MIND INSTITUTE, INC.

Employer identification number

80-0478843

GLOBAL CAMPAIGN TO INCREASE PUBLIC AWARENESS OF THE SIGNS AND SYMPTOMS OF PSYCHIATRIC AND LEARNING DISORDERS IN CHILDREN, AND THE IMPORTANCE OF EARLY INTERVENTION THAT CAN TURN AROUND THEIR LIVES. EVERY MAY, DURING NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS WEEK, THE CHILD MIND INSTITUTE WORKS WITH PARTNER ORGANIZATIONS WORLDWIDE TO SPONSOR EVENTS, INCLUDING FREE LECTURES BY PSYCHIATRISTS AND OTHER PROFESSIONALS, OPEN DAYS AT CLINICIANS' OFFICES AND NEUROSCIENCE LABS, EXHIBITIONS ABOUT CHILDREN'S MENTAL HEALTH, SOCIAL MEDIA ACTIVITIES, CLASSROOM WORKSHOPS, AND MORE. OVER THE LAST TWO YEARS, SPEAK UP FOR KIDS HAS HAD HUNDREDS OF THOUSANDS OF PARTICIPANTS "TURNING THE GLOBE GREEN", THE CAMPAIGN'S SIGNATURE COLOR, BY SPREADING THE WORD, GIVING A TALK, OR HOSTING A TALK IN THEIR LOCAL COMMUNITIES OR THROUGH SOCIAL MEDIA TOOLS, SUCH AS FACEBOOK OR TWITTER.

ADAM JEFFREY KATZ MEMORIAL LECTURE - DESIGNED TO RAISE AWARENESS AND EDUCATE THE PUBLIC ABOUT ADHD AND DYSLEXIA, THIS ANNUAL LECTURE WAS LAUNCHED BY THE KATZ FAMILY IN 2003 AS A LIVING MEMORIAL TO ADAM KATZ, WHO STRUGGLED WITH BOTH DISORDERS. THE TWO-PART PROGRAM IS HELD EVERY MAY, DURING NATIONAL MENTAL HEALTH MONTH, AND FEATURES A LECTURE BY OR DISCUSSION WITH A LEADING EXPERT IN THE FIELD, AND A CANDID CONVERSATION WITH A CELEBRITY GUEST ABOUT LIVING WITH A MENTAL HEALTH DISORDER. PAST CELEBRITIES HAVE INCLUDED ACTOR ORLANDO BLOOM AND ACTRESS AND PRODUCER TRUDIE STYLER.

ON THE SHOULDER OF GIANTS - EACH YEAR, THE CHILD MIND INSTITUTE SCIENTIFIC RESEARCH COUNCIL SELECTS A SCIENTIST TO RECEIVE THE DISTINGUISHED SCIENTIST AWARD FOR HIS OR HER LIFETIME OF RESEARCH AND CONTRIBUTIONS TO THE FIELDS OF CHILD MENTAL HEALTH AND DEVELOPMENTAL

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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NEUROSCIENCE. AT THE ON THE SHOULDERS OF GIANTS SYMPOSIUM, THE AWARDEE IS A FEATURED SPEAKER, ALONG WITH TWO GENERATIONS OF HIS OR HER PROTEGES. THIS PRESENTATION GIVES THE RESEARCH COMMUNITY - AND PARTICULARLY YOUNGER SCIENTISTS - A VIEW INTO THE TRANSFORMATIONAL POWER OF DEDICATION AND COLLABORATION IN SCIENCE.

CHILD MIND INSTITUTE STUDENT ART PROJECT - THE CHILD MIND INSTITUTE BELIEVES THE ARTS ARE CRITICAL TO CHILD DEVELOPMENT AND ACADEMIC SUCCESS BECAUSE THEY PROMOTE SELF-ESTEEM AND PROVIDE OPPORTUNITIES FOR SELF-EXPRESSION. THAT'S WHY THE CHILD MIND INSTITUTE INVITES PUBLIC AND INDEPENDENT SCHOOLS TO PARTICIPATE IN THE STUDENT ART PROJECT, OUR GALLERY PROGRAM DEDICATED TO DISPLAYING WORKS OF ART CREATED BY STUDENT ARTISTS. IN FOUR EXHIBITIONS A YEAR, STUDENT PIECES ARE DISPLAYED PROMINENTLY AT THE CHILD MIND INSTITUTE HEADQUARTERS, WHICH ACCOMMODATES 34 WORKS OF ART. EACH SHOW IS BASED ON A THEME CHOSEN BY AN ART TEACHER FROM THE SCHOOL. THE EXHIBITIONS LAUNCH WITH AN OPENING RECEPTION HOSTED BY THE CHILD MIND INSTITUTE FOR THE STUDENT ARTISTS, THEIR FAMILIES, AND THE ENTIRE SCHOOL COMMUNITY. A VIRTUAL GALLERY IS ALSO AVAILABLE ON CHILDMIND.ORG.

PARENT AND EDUCATOR WORKSHOPS ON CLINICAL TOPICS - THE PARENT AND EDUCATOR WORKSHOPS COVER A RANGE OF ISSUES AFFECTING CHILDREN, INCLUDING SELECTIVE MUTISM (SM), ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD), OBSESSIVE-COMPULSIVE DISORDER (OCD), AND OTHERS. THESE EDUCATIONAL WORKSHOPS PROVIDE AN OPPORTUNITY FOR PARENTS, TEACHERS, AND OTHER CARING PROFESSIONALS TO GAIN NEW KNOWLEDGE, INSIGHTS AND SKILLS TO IMPROVE THEIR ABILITY TO PARENT AND NURTURE KIDS WITH THESE DISORDERS AND HELP THEM THRIVE. SESSIONS ARE HELD AT THE CHILD MIND

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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INSTITUTE ONCE PER WEEK DURING THE SCHOOL YEAR AND ARE ALSO AVAILABLE ONLINE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

VALUE OF PROSPECTIVE DATA-SHARING: DISTRIBUTING THOUSANDS OF IMAGING DATASETS TO MULTIDISCIPLINARY SCIENTISTS WORLDWIDE FOR STUDY. THIS INITIATIVE IS KNOWN AS THE INTERNATIONAL DATA-SHARING INITIATIVE (INDI) AND IS A GAME-CHANGER IN THE SCIENTIFIC COMMUNITY OF CHILD PSYCHIATRY AND LEARNING DISORDERS; A FEW YEARS AGO, SCIENTISTS VIEWED A MERE FEW DOZEN DATASETS AS A MAJOR RESOURCE.

CHILD MIND INSTITUTE ENDEAVOR SCIENTIST PROGRAM - THE ENDEAVOR SCIENTIST PROGRAM IS A PIONEERING EFFORT LAUNCHED BY THE CHILD MIND INSTITUTE TO SUPPORT THE DEVELOPMENT OF TALENTED, MULTIDISCIPLINARY SCIENTISTS IN RESEARCH POSITIONS AT ACADEMIC AND MEDICAL INSTITUTIONS AROUND THE GLOBE. RECRUITED FROM VARIOUS FIELDS SUCH AS COMPUTER SCIENCE, ENGINEERING, MATHEMATICS, AND STATISTICS, THESE SCIENTISTS WILL COLLABORATE ON RESEARCH THAT PURSUES A DEEPER UNDERSTANDING OF HUMAN BRAIN DEVELOPMENT. BRINGING DIVERSE THINKERS TOGETHER WILL BRING US CLOSER TO DEVELOPING BETTER INTERVENTIONS, AND EVENTUALLY PREVENTATIVE MEASURES, FOR PSYCHIATRIC AND LEARNING DISORDERS IN CHILDREN AND ADOLESCENTS.

HEALTHY BRAIN NETWORK - THE HEALTHY BRAIN NETWORK AIMS TO ACQUIRE A FULL PICTURE OF HOW THE BRAIN MATURES AND FUNCTIONS AS A CHILD GROWS INTO ADOLESCENCE AND ADULTHOOD. BY COLLECTING NEUROIMAGING AND DNA DATA ON AN UNPRECEDENTED SCALE, CHILD MIND INSTITUTE SCIENTISTS WILL WORK TO CREATE A LANDMARK DATABASE, THE CHILD MIND INSTITUTE BIOBANK, THAT WILL

Name of the organization

CHILD MIND INSTITUTE, INC.

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ENABLE THE CREATION OF "BEFORE BRAIN IN BRAIN GROWTH CHARTS." THESE WILL BE THE WORLD'S FIRST COMPREHENSIVE MAPS OF HUMAN BRAIN FUNCTION OVER THE COURSE OF DEVELOPMENT, MIMICKING THE CHARTS PEDIATRICIANS USE TO TRACK CHILDREN'S HEIGHT AND WEIGHT. GIVING CLINICIANS THESE MAPS WILL IMPROVE THE EARLY IDENTIFICATION, ACCURATE DIAGNOSIS, AND APPROPRIATE TREATMENT OF MENTAL ILLNESS.

SCIENTIFIC RESEARCH COUNCIL - COMPRISED OF 13 OF THE NATION'S TOP CHILD MENTAL HEALTH SCIENTISTS FROM 10 OF THE LEADING ACADEMIC INSTITUTIONS, THE SCIENTIFIC RESEARCH COUNCIL BRINGS TOGETHER BASIC SCIENTISTS AND RESEARCH CLINICIANS TO CREATE A GLOBAL INCUBATOR FOR COLLABORATIVE RESEARCH IN CHILD MENTAL HEALTH. FUNCTIONING AS A MULTI-INSTITUTIONAL SCIENTIFIC THINK-TANK, THE COUNCIL INCLUDES DISTINGUISHED SCIENTISTS IN THE FIELD OF CHILD AND ADOLESCENT PSYCHIATRY, PSYCHOLOGY, NEUROSCIENCE, AND NEUROLOGY, AND EXPERTISE IN ANXIETY AND MOOD DISORDERS, ATTENTION-DEFICIT HYPERACTIVITY DISORDER, AUTISM SPECTRUM DISORDERS, AND EATING DISORDERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

(HUD) PROGRAMS, THE FINANCIAL AID PROGRAM OFFERS ELIGIBLE FAMILIES A FEE DISCOUNT BETWEEN 30% AND 90% OF THE COST OF SERVICES. IT IS DESIGNED IN A WAY THAT ALLOWS PATIENTS FROM LOW-INCOME FAMILIES TO QUALIFY, WHILE ALSO ACCOMMODATING FAMILIES WITH HIGHER THAN AVERAGE INCOME WHO HAVE OTHER FINANCIAL STRAINS, SUCH AS CHILDREN IN COLLEGE OR OTHER MEDICAL BILLS. THIS PAST YEAR, THE FOUNDATION RAISED \$450,000 FOR FINANCIAL AID, WHICH CHILD MIND MEDICAL PRACTICE CLINICIANS MATCH WITH DONATED SERVICES ON A DOLLAR-FOR-DOLLAR BASIS. THIS ENABLED THE PRACTICE TO OFFER FINANCIAL AID WORTH \$900,000.

Name of the organization

CHILD MIND INSTITUTE, INC.

Employer identification number

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN JULY 2010, THE CHILD MIND MEDICAL PRACTICE, PLLC ("PRACTICE") AND THE CHILD MIND INSTITUTE, INC. ("CMI") ENTERED INTO A RESTRICTED GRANT AGREEMENT WHEREBY CMI WOULD MAKE ONE OR MORE INITIAL GRANTS NOT TO EXCEED \$750,000 IN AGGREGATE (SUBSEQUENTLY INCREASED BY CMI BOARD TO \$1,750,000 IN AGGREGATE), TO THE PRACTICE IN ORDER TO ENABLE THE PRACTICE TO COVER ITS START UP COSTS AND BEGIN TREATING PATIENTS. AS A RESULT OF THIS AGREEMENT, CMI RECORDED GRANT EXPENSES AMOUNTING TO \$690,000 FOR THE YEAR ENDED SEPTEMBER 30, 2011.

EXPENSES \$ 690,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: PHYLLIS GREEN AND RANDOLPH COWEN ARE HUSBAND AND WIFE

MEGAN AND MARK DOWLEY ARE HUSBAND AND WIFE

BARBARA AND NORMAN EIG ARE HUSBAND AND WIFE

ELIZABETH AND MICHAEL FASCITELLI ARE HUSBAND AND WIFE

DEBRA G. PERELMAN AND GIDEON M. GIL ARE HUSBAND AND WIFE

LORI AND GEORGE HALL ARE HUSBAND AND WIFE

JANE ROSENTHAL AND CRAIG HATKOFF ARE HUSBAND AND WIFE

ELLEN AND HOWARD KATZ ARE HUSBAND AND WIFE

CHRISTINE AND RICHARD MACK ARE HUSBAND AND WIFE

MARCIA AND RICHARD MISHAAN ARE HUSBAND AND WIFE

BROOKE GARBER NEIDICH AND DANIEL NEIDICH ARE HUSBAND AND WIFE

JORDAN SCHAPS IS THE SON OF LINDA SCHAPS

LINDA SCHAPS IS THE MOTHER OF JORDAN SCHAPS

PREETHI KRISHNA AND RAM SUNDARAM ARE HUSBAND AND WIFE

Name of the organization

CHILD MIND INSTITUTE, INC.

Employer identification number

80-0478843

FORM 990, PART VI, SECTION B, LINE 11: CHILD MIND INSTITUTE'S ("CMI") FORM 990 IS PREPARED BY ITS INDEPENDENT ACCOUNTING FIRM WITH THE ASSISTANCE OF CMI STAFF. THE DRAFT FORM 990 IS THEN REVIEWED BY CMI'S CHIEF OPERATING OFFICER AND BY EXTERNAL INDEPENDENT LEGAL COUNSEL. THE DRAFT FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH WAS DELEGATED RESPONSIBILITY BY THE FULL BOARD OF DIRECTORS TO REVIEW THE FORM 990 IN DETAIL. THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND DISCUSSES THE CONTENTS THEREOF AT A MEETING WITH CMI'S INDEPENDENT AUDITORS. THE DRAFT FORM 990 IS THEN PRESENTED AND DISCUSSED BY THE CHAIR OF THE FINANCE COMMITTEE AT THE ANNUAL MEETING OF THE FULL BOARD. PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE, A COPY OF THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE ENTIRE BOARD FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C: DISCLOSURE OF CONFLICT OF INTEREST IS INQUIRED AT EACH BOARD MEETING AND ADDRESSED AS NECESSARY. UNDER THE CONFLICT OF INTEREST POLICY, DIRECTORS ARE ALSO REQUIRED TO DISCLOSE TO THE PRESIDENT ANY CONFLICT OF INTEREST THAT MAY ARISE BETWEEN MEETINGS SO THAT IT CAN BE ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 15: ALL EXECUTIVE LEVEL COMPENSATION IS REVIEWED BY A CONTRACTED INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW SIMILAR POSITIONS IN SIMILAR NON-PROFIT HEALTHCARE ENTITIES. THE REVIEW INCLUDES THE INDIVIDUAL'S CV, YEARS OF EXPERIENCE, JOB DESCRIPTION AND GOALS FOR CURRENT POSITION, COMPARISON TO THE MARKET, AND SPECIAL CONSIDERATIONS SUCH AS RELOCATION, PAST PERFORMANCES OF ACCOMPLISHMENTS, AND NICHE EXPERTISE / KNOWLEDGE OF REQUIRED AREAS. NON-INTERESTED MEMBERS OF THE COMPENSATION COMMITTEE OF THE CMI BOARD OF DIRECTORS REVIEW THE