

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**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)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: 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 NO 2ND FL \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: NEW YORK, NY 10022

**D** Employer identification number: 80-0478843  
**E** Telephone number: (212) 308-3118  
**G** Gross receipts \$ 9,849,085

**F** Name and address of principal officer: DR HAROLD KOPLEWICZ MD, 445 PARK AVENUE NO 2ND FL, NEW YORK, NY 10022

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J** Website: WWW.CHILDMIND.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation: 2009 **M** State of legal domicile: NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities WE ARE 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 EMPOWERING CHILDREN AND THEIR FAMILIES WITH HELP, HOPE, AND ANSWERS		
	<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		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	30
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	30
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	55
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	40
	<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	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	8,975,012	9,573,350
	<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)	11,131	14,795
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-26,536	14,859
		8,959,607	9,603,004
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	690,000	368,066
	<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)	2,132,516	3,739,872
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	130,531	76,046
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,410,683		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,111,197	3,065,507
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,064,244	7,249,491
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,895,363	2,353,513	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	9,797,368	13,612,923
	<b>21</b> Total liabilities (Part X, line 26)	386,803	1,858,244
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	9,410,565	11,754,679	

**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.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2013-04-12  
 DR HAROLD KOPLEWICZ MD PRESIDENT PRESIDENT  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: ROBERT R LYONS CPA Date: \_\_\_\_\_  
 Check if self-employed   
 Preparer's taxpayer identification number (see instructions): P00227472  
 Firm's name (or yours if self-employed), address, and ZIP + 4: MARKS PANETH & SHRON LLP, 685 THIRD AVENUE, NEW YORK, NY 10017  
 EIN: 11-3518842  
 Phone no: (212) 503-8800

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,109,904 including grants of \$ ) (Revenue \$ )  
 PUBLIC EDUCATIONTHE 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 OTHER 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, 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 THE BRAINSTORM BLOG, 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 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 COMMUNITY 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, THE KATZ FAMILY LAUNCHED THIS ANNUAL LECTURE 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 TYLER AND PRODUCER BRIAN GRAZER 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 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 INSTITUTE ABOUT ONE PER WEEK DURING THE SCHOOL YEAR AND ARE ALSO AVAILABLE ONLINE

**4b** (Code ) (Expenses \$ 1,947,262 including grants of \$ ) (Revenue \$ )  
 SCIENCE AND INNOVATIONTHE 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'S CENTER FOR THE DEVELOPING BRAIN LEADS AN INNOVATIVE NEUROSCIENCE INITIATIVE TO EXAMINE AND UNDERSTAND THE DEVELOPING BRAIN AND ACCELERATES 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 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 ENABLE THE CREATION OF 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 EXPERTS IN ANXIETY AND MOOD DISORDERS, ATTENTION-DEFICIT HYPERACTIVITY DISORDER, AUTISM SPECTRUM DISORDERS, AND EATING DISORDERS TEACHER CHILD INTERACTION TRAINING (NEW PROGRAM ADDED IN OCTOBER 2011) - IN PARTNERSHIP WITH THE DEPARTMENT OF EDUCATION AND SPONSORED BY THE NEW YORK CITY COUNCIL, TEACHER-CHILD INTERACTION TRAINING (TCIT) WAS IMPLEMENTED TO PROVIDE TEACHERS WITH CLASSROOM MANAGEMENT SKILLS TO BETTER MANAGE DISRUPTIVE BEHAVIOR BY THE STUDENTS THIS PILOT PROGRAM WAS CONDUCTED IN FIVE GENERAL EDUCATION KINDERGARTEN AND FIRST GRADE CLASSES IN NEW YORK CITY PUBLIC SCHOOLS THE TRAINING FOCUSED ON TWO SETS OF SKILLS CHILD-DIRECTED INTERACTION (CDI), WHICH PROVIDES TEACHERS WITH SKILLS THAT REINFORCE STUDENTS' POSITIVE CLASSROOM BEHAVIORS AND PREVENT NEGATIVE CLASSROOM BEHAVIOR, AND TEACHER-DIRECTED INTERACTION (TDI), WHICH PROVIDES TEACHERS WITH EFFECTIVE METHODS OF INTERVENING AND SETTING LIMITS WHEN DISRUPTIVE BEHAVIOR OCCURS

**4c** (Code ) (Expenses \$ 973,948 including grants of \$ ) (Revenue \$ )  
 ACCESS TO CLINICAL CARETHE 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 (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 SINCE 2011, THE FOUNDATION HAS RAISED A CUMULATIVE TOTAL OF \$520,500 FOR FINANCIAL AID THE CHILD MIND MEDICAL PRACTICE CLINICIANS MATCH THE DONATED SERVICES ON A DOLLAR-FOR-DOLLAR BASIS THIS ENABLED THE PRACTICE TO OFFER FINANCIAL AID WORTH \$1,041,000 THIS PAST YEAR ALONE, THE CLINICIANS PROVIDED CLINICAL CARE WORTH APPROXIMATELY \$524,000 IN FINANCIAL AID

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 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 DURING THE YEAR ENDED SEPTEMBER 30, 2012, NO AMOUNTS WERE PAID AS GRANTS AGGREGATE GRANTS PAID TO DATE ARE \$690,000 CMI'S FINANCE COMMITTEE MONITORS GRANTS MADE TO THE PRACTICE

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 4,031,114

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	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> <input checked="" type="checkbox"/>		No
<b>4</b>	<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> <input checked="" type="checkbox"/>	Yes	
<b>5</b>	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> <input checked="" type="checkbox"/>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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> <input checked="" type="checkbox"/>		No
<b>7</b>	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> <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
<b>9</b>	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> <input checked="" type="checkbox"/>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
<b>11</b>	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		
<b>a</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>b</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> <input checked="" type="checkbox"/>		No
<b>c</b>	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> <input checked="" type="checkbox"/>		No
<b>d</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>12a</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>b</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> <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b>	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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
<b>16</b>	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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
<b>17</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>18</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>19</b>	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> <input checked="" type="checkbox"/>		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
<b>20b</b>			

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

<b>21</b> 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> . . . . . <input checked="" type="checkbox"/>	<b>21</b>	Yes	
<b>22</b> 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> . . . . . <input checked="" type="checkbox"/>	<b>22</b>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . . <input checked="" type="checkbox"/>	<b>23</b>	Yes	
<b>24a</b> 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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>		
<b>25a 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> . . . . . <input checked="" type="checkbox"/>	<b>25a</b>		No
<b>b</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> . . . . . <input checked="" type="checkbox"/>	<b>25b</b>		No
<b>26</b> 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> . . . . . <input checked="" type="checkbox"/>	<b>26</b>		No
<b>27</b> 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> . . . . . <input checked="" type="checkbox"/>	<b>27</b>		No
<b>28</b> 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)			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28a</b>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28b</b>		No
<b>c</b> 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28c</b>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	<b>29</b>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . <input checked="" type="checkbox"/>	<b>30</b>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b> 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> . . . . .	<b>32</b>		No
<b>33</b> 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> . . . . .	<b>33</b>		No
<b>34</b> 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> . . . . .	<b>34</b>		No
<b>35a</b> Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b> 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> . . . . .	<b>35b</b>		No
<b>36 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> . . . . .	<b>36</b>		No
<b>37</b> 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>	<b>37</b>		No
<b>38</b> 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 . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, and various organizational requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (30), 1b (30), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY, GA, NH, AL, WI, NC, OR, AZ, CT, MA, PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
DAVID RIVERA
445 PARK AVENUE
NEW YORK, NY 10022
(212) 308-3118



**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							1,434,902	0	387,798	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MCGOVERN AND COMPANY 286 MADISON AVE 22ND FL NEW YORK, NY 10017	CONSTRUCTION	1,308,148
MADISON TECHNOLOGY 825 THIRD AVENUE 2ND FL NEW YORK, NY 10022	OUTSOURCED IT SUPPORT	314,343
RED INTERACTIVE AGENCY LLC 3420 OCEAN PK BLVD STE 3080 SANTA MONICA, CA 90405	WEBSITE DEVELOPMENT	290,418
42ND STREET LESSEE 110 EAST 42ND STREET NEW YORK, NY 10017	EVENT VENUE	170,170

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**



**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		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	4,715,001					
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	4,858,349					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ <u>423,286</u>						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>	9,573,350					
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____						
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>	14,795			14,795		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>						
	<b>5</b>	Royalties . . . . . <b>▶</b>						
	<b>6a</b>	Gross rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . <b>▶</b>						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses				
			<b>c</b>	Gain or (loss)				
	<b>d</b>	<b>Net gain or (loss)</b> . . . . . <b>▶</b>						
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>4,715,001</u> of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>	246,081					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>	246,081					
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . . <b>▶</b>	0						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
		<b>b</b>	Less direct expenses . . . . . <b>b</b>					
		<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . . <b>▶</b>					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . . . <b>▶</b>					
Miscellaneous Revenue		Business Code						
<b>11a</b>	MISCELLANEOUS REVENUE	900099	14,859			14,859		
<b>b</b>	_____							
<b>c</b>	_____							
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		14,859					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>		9,603,004	0	0	29,654		

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	105,590	105,590		
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	262,476	262,476		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	1,290,633	293,138	551,764	445,731
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	2,025,752	1,576,755	275,270	173,727
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b>	Other employee benefits	423,487	290,511	86,862	46,114
<b>10</b>	Payroll taxes				
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal	107,593		107,593	
<b>c</b>	Accounting	104,704		104,704	
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising See Part IV, line 17	76,046			76,046
<b>f</b>	Investment management fees				
<b>g</b>	Other	824,612	298,188	176,138	350,286
<b>12</b>	Advertising and promotion	7,742	4,412	3,330	
<b>13</b>	Office expenses	64,466	35,209	17,106	12,151
<b>14</b>	Information technology	84,952	56,880	6,157	21,915
<b>15</b>	Royalties				
<b>16</b>	Occupancy	806,874	507,973	176,395	122,506
<b>17</b>	Travel	132,565	61,532	50,191	20,842
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	7,542	4,370	1,983	1,189
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	508,027	336,568	119,600	51,859
<b>23</b>	Insurance	58,909	36,817	16,388	5,704
<b>24</b>	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 )				
<b>a</b>	COMPUTERS & EQUIPMENT	185,154	87,469	75,659	22,026
<b>b</b>	PRINTING	49,465	13,093	3,024	33,348
<b>c</b>	BANK FEES	47,175	22,120	16,863	8,192
<b>d</b>	TELEPHONE	26,183	10,616	13,444	2,123
<b>e</b>					
<b>f</b>	All other expenses	49,544	27,397	5,223	16,924
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	7,249,491	4,031,114	1,807,694	1,410,683
<b>26</b>	<b>Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,190,112	<b>1</b>	777,697
	<b>2</b> Savings and temporary cash investments . . . . .	81,082	<b>2</b>	5,871,763
	<b>3</b> Pledges and grants receivable, net . . . . .	1,357,393	<b>3</b>	2,821,575
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	184,589	<b>9</b>	214,562
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	3,510,462		
	<b>b</b> Less accumulated depreciation . . . . .	809,234	<b>10c</b>	2,701,228
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	327,901
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	535,783	<b>15</b>	898,197
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,797,368	<b>16</b>	13,612,923	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	363,645	<b>17</b>	1,015,269
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	23,158	<b>25</b>	842,975
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	386,803	<b>26</b>	1,858,244
<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>			
	<b>27</b> Unrestricted net assets . . . . .	7,514,954	<b>27</b>	8,574,646
	<b>28</b> Temporarily restricted net assets . . . . .	1,895,611	<b>28</b>	3,180,033
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	9,410,565	<b>33</b>	11,754,679	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	9,797,368	<b>34</b>	13,612,923	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,603,004
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,249,491
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	2,353,513
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	9,410,565
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-9,399
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	11,754,679

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 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	Yes	
<b>d</b>	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 separated basis		
<b>3a</b>	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?		No
<b>b</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		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

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 **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?  
 (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 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)

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

(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>									

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			8,570,923	8,975,012	9,573,350	27,119,285
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3			8,570,923	8,975,012	9,573,350	27,119,285
<b>5</b> 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)						7,216,712
<b>6 Public Support.</b> Subtract line 5 from line 4						19,902,573

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4			8,570,923	8,975,012	9,573,350	27,119,285
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2,513	11,131	14,795	28,439
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets				16,971	14,859	31,830
<b>11 Total support</b> (Add lines 7 through 10)						27,179,554

**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 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage****14** Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))**14****15** Public Support Percentage for 2010 Schedule A, Part II, line 14**15****16a 33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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.)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS REVENUE



SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CHILD MIND INSTITUTE INC

Employer identification number

80-0478843

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		35,098
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			35,098
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	PREVENT THE \$29 MILLION FUNDING REDUCTION IN PRESIDENT OBAMA'S 2013 BUDGET FOR THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) EXPLORE OPPORTUNITIES WITH SAMHSA TO CREATE A WORKFORCE DEVELOPMENT PROGRAM FOR CHILD AND ADOLESCENT PSYCHIATRY THAT WOULD HELP ADDRESS THE CRITICAL SHORTAGE OF QUALIFIED MENTAL HEALTH PROFESSIONALS EXPLORE GENERATING GRANT FROM THE MILITARY TO SUPPORT VETERANS AND THEIR FAMILIES GRASS ROOTS LOBBYING- \$415 DIRECT LOBBYING- \$34,683

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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 170(h)(4)(B)(ii)?

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, 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, 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 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 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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		1,762,812	173,048	1,589,764
<b>d</b> Equipment . . . . .		1,009,452	232,306	777,146
<b>e</b> Other . . . . .		738,198	403,880	334,318
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				2,701,228



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	9,603,004
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	7,249,491
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	2,353,513
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-9,399
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-9,399
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	2,344,114

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	9,619,238
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	16,234
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	16,234
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	9,603,004
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	9,603,004

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	7,275,124
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	16,234
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	9,399
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	25,633
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	7,249,491
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	7,249,491

**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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CHILD MIND INSTITUTE HAS NO UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2012 AND 2011 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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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.

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

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

2a Did the organization have a written or oral agreement with any individual... 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.

Table with 6 columns: (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. Includes row for EVENT ASSOCIATES INC.

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

NY, GA, NH, AL, WI, NC, OR, AZ, CT, MA, PA



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>GALA EVENT</b> (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	4,961,082			4,961,082
	<b>2</b> Less Charitable contributions . . . . .	4,715,001			4,715,001
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	246,081			246,081
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	246,081			246,081
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 246,081 )
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				0	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**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

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

**14** Provide 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
- 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE \$76,046 INDICATED REPRESENTS THE AMOUNT PAID TO THE PROFESSIONAL FUNDRAISING COMPANY, EVENT ASSOCIATES, TOWARDS THE PLANNING OF THE DECEMBER 2011 ANNUAL BENEFIT DINNER OF THAT AMOUNT, \$43,000 WAS PRE-PAID TO EVENT ASSOCIATES IN THE PREVIOUS FISCAL YEAR 2011, TOWARD THE PLANNING OF DECEMBER 2011 ANNUAL BENEFIT DINNER THE TOTAL AMOUNT PAID TO EVENT ASSOCIATES FOR THE PLANNING OF THE DECEMBER 2011 ANNUAL DINNER WAS \$76,046, WHICH INCLUDED THE \$65,000 CONTRACT, PLUS \$11,046 IN REIMBURSABLE EXPENSES (I E POSTAGE, PRINTING, ETC ) FURTHER, A NEW CONTRACT WITH EVENT ASSOCIATES TO PLAN THE DECEMBER 2012 ANNUAL BENEFIT DINNER WAS EXECUTED, AND \$32,000 WAS PRE-PAID TOWARDS THAT CONTRACT IN FISCAL YEAR 2012

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for RESEARCH FOUNDATION FOR MENTAL HYGIENE and NATIONAL FEDERATION OF FAMILIES.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**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. Use Schedule I-1 (Form 990) 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
(1) SEE PART IV	159	262,476	0	FMV	N/A

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CMI RECEIVES EXPENSE REPORTS ON A QUARTERLY BASIS FROM GRANTEEES TO ENSURE THAT THE GRANT FUNDS ARE USED FOR THE INTENDED PURPOSES BASED ON THE APPROVED GRANT APPLICATION AND BUDGET
SCHEDULE I, PART II, LINE 1A		THE CHILD MIND INSTITUTE AWARDED A ONE YEAR GRANT, RENEWABLE FOR THREE YEARS TO THE RESEARCH FOUNDATION FOR MENTAL HYGIENE (RFMH) FOR THE PROJECT, "DISCOVERY SCIENCE OF HUMAN BRAIN FUNCTION ACROSS THE LIFESPAN PROTOCOL ENHANCEMENT" TO FURTHER THE WORK DONE BY DR MICHAEL MILHAM, DIRECTOR OF THE CENTER FOR THE DEVELOPING BRAIN AT CMI THE GRANT WAS AWARDED TO DR MILHAM AS A PRINCIPAL INVESTIGATOR AT RFMH TO CONTINUE AND EXPAND THE SCOPE OF HIS ORIGINATING RESEARCH STUDY AT THE NATHAN S KLINE INSTITUTE FOR PSYCHIATRIC RESEARCH (NKI), AND TO FOSTER COLLABORATION BETWEEN NKI AND CMI
SCHEDULE I, PART II, LINE 1A		THE CHILD MIND INSTITUTE CONTRIBUTED \$25,000 TO THE NATIONAL FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH AS A CONTRIBUTION TO NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY
SCHEDULE I, PART III, LINE 1A		THE CHILD MIND INSTITUTE PROVIDES A FINANCIAL AID PROGRAM THAT OFFERS ELIGIBLE FAMILIES A FEE DISCOUNT FOR CHILD MENTAL HEALTH CARE, INCLUDING THOSE ASSOCIATED WITH LEARNING DISABILITIES 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 IN FY 2012 A TOTAL OF 159 PATIENTS RECEIVED \$262,476 IN FINANCIAL AID FOR CUSTOMIZED CARE SERVICES PROVIDED BY THE CHILD MIND MEDICAL PRACTICE PLLC THE CLINICIANS ALSO MATCH THE FINANCIAL AID DOLLAR FOR DOLLAR BY DONATING THEIR SERVICES, MAKING THE TOTAL CONTRIBUTION \$524,000 OF SUPPORT TOWARDS CLINICAL SERVICES

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHILD MIND INSTITUTE INC

Employer identification number

80-0478843

**Part I Questions Regarding Compensation**

Yes No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- First-class or charter travel
- Travel for companions
- Tax idemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e g , maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR HAROLD KOPLEWICZ MD	(i)	420,101	180,000	0	119,300	137,607	857,008	0
	(ii)	0	0	0	0	0	0	0
(2) SHERINE KHALIL	(i)	280,745	0	0	8,143	14,385	303,273	0
	(ii)	0	0	0	0	0	0	0
(3) LISA GIOIA-HERNANDEZ	(i)	134,379	0	0	6,750	9,505	150,634	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 4B - THE AMOUNT SHOWN IN SCHEDULE J, PART II, LINE 1, COLUMN (C) REPRESENTS AN ACCRUAL TOWARDS A NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR THE PRESIDENT OF CHILD MIND INSTITUTE UNDER INTERNAL REVENUE CODE SECTION 457(F). THIS PLAN IS DESIGNED TO SERVE AS A RETENTION INCENTIVE. AMOUNTS WILL BE PAID OUT UNDER THIS PLAN ONLY IF THE PRESIDENT CONTINUES TO BE EMPLOYED AT THE CHILD MIND INSTITUTE AS OF CERTAIN DATES IN FUTURE YEARS.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Table with 3 main columns: (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

Table with 7 main columns: (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?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or 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
(1) CMMP PLLC	SEE PART V	779,148	SEE PART V		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		<p>(A) NAME OF ENTITY CHILD MIND MEDICAL PRACTICE, PLLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DR HAROLD KOPLEWICZ, THE PRESIDENT OF THE CHILD MIND INSTITUTE ("CMI"), IS A MEMBER OF THE CHILD MIND MEDICAL PRACTICE, PLLC ("PRACTICE") WITH A 99% OWNERSHIP INTEREST CMI FACILITATED THE CREATION OF THE PRACTICE TO PROVIDE CLINICAL CARE AND TREATMENT DIRECTLY TO CHILDREN AND ADOLESCENTS AND IN CONNECTION WITH CMI'S RESEARCH IN BRAIN DEVELOPMENT, WHICH UNDER APPLICABLE LAW CMI COULD NOT DIRECTLY PROVIDE SUCH CLINICAL CARE AND TREATMENT IS CRITICAL TO FULFILLMENT OF CMI'S MISSION TO TRANSFORM MENTAL HEALTH CARE FOR CHILDREN EVERYWHERE BY 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 (C) DESCRIPTION OF TRANSACTIONS (1) BACKGROUND OVERVIEW UNDER APPLICABLE LAW, ONLY PERSONS WHO ARE LICENSED TO PRACTICE MEDICINE MAY HOLD AN OWNERSHIP INTEREST IN AN ENTITY FORMED TO PROVIDE CLINICAL CARE AND TREATMENT CMI, AS A NOT-FOR-PROFIT CORPORATION, THEREFORE IS NOT PERMITTED TO HOLD AN OWNERSHIP INTEREST IN THE PRACTICE IN FURTHERANCE OF FULFILLING CMI'S MISSION, PROTECTING ITS ASSETS TO THE EXTENT USED TO SUPPORT RELATED CLINICAL AND RESEARCH ACTIVITIES CONDUCTED BY THE PRACTICE, AND COMPLYING WITH THE FOREGOING OWNERSHIP REQUIREMENT, DR KOPLEWICZ, THE PRESIDENT OF CMI AND A LICENSED PHYSICIAN, BECAME THE CONTROLLING MEMBER OF THE PRACTICE HOWEVER, THE MEMBERSHIP INTERESTS IN THE PRACTICE (I E , DR KOPLEWICZ'S 99% MEMBERSHIP INTEREST AND THE OTHER MEMBER'S 1% MEMBERSHIP INTEREST) HAVE BEEN STRUCTURED SO THAT NEITHER CAN RECEIVE OR OTHERWISE REALIZE ANY ECONOMIC BENEFIT FROM HOLDING THESE MEMBERSHIP INTERESTS OR FROM THE SALE OR OTHER DISPOSITION OF SUCH MEMBERSHIP INTEREST'S BOTH MEMBERS OF THE PRACTICE HAVE ENTERED INTO A BUY/SELL AGREEMENT WITH THE PRACTICE PURSUANT TO WHICH THEY HAVE AGREED NOT TO SELL THEIR INTERESTS TO ANY PARTY OTHER THAN THE PRACTICE, WHICH MAY RE-PURCHASE THEIR MEMBERSHIP INTERESTS FROM THEM FOR AN AMOUNT NOT TO EXCEED THE NOMINAL AMOUNT THAT SUCH MEMBERS PAID IN CONNECTION WITH THE ACQUISITION OF THEIR MEMBERSHIP INTERESTS FURTHER, THE PRACTICE'S ARTICLES OF ORGANIZATION ARE IN THE PROCESS OF BEING AMENDED TO PROVIDE THAT THE PRACTICE IS TO BE OPERATED SOLELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES TO THE EXTENT NOT INCONSISTENT WITH RELEVANT NEW YORK LAW AND NONE OF ITS ASSETS, NET EARNINGS, INCOME OR PROFIT MAY BE DISTRIBUTED TO ANY MEMBER, MANAGER, OFFICER OR EMPLOYEE OF THE PRACTICE OR OTHER PRIVATE PERSON THE AMENDED ARTICLES OF ORGANIZATION OF THE PRACTICE WILL PROVIDE THAT IF THE PRACTICE IS EVER DISSOLVED, ITS ASSETS AND PROPERTY MUST BE DISTRIBUTED TO A CHARITABLE ORGANIZATION QUALIFYING FOR EXEMPTION FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE PRACTICE DOES NOT FALL UNDER THE DEFINITION OF A "RELATED ORGANIZATION" UNDER THE FORM 990 INSTRUCTIONS (2) RESTRICTED GRANT AGREEMENT BETWEEN CMI AND THE PRACTICE TO FACILITATE THE FORMATION OF THE PRACTICE AND THE CONDUCT BY THE PRACTICE OF RESEARCH PROGRAMS AND SERVICES THAT FURTHER CMI'S CHARITABLE, SCIENTIFIC AND EDUCATIONAL MISSION, CMI ENTERED INTO A RESTRICTED GRANT AGREEMENT WITH THE PRACTICE PURSUANT TO WHICH CMI AGREED TO MAKE SPECIAL PURPOSE RESTRICTED GRANTS TO THE PRACTICE UP TO THE AGGREGATE AMOUNT OF \$1,750,000 TO SUPPORT THE CONDUCT OF SUCH RESEARCH THE RESTRICTED GRANT AGREEMENT PROVIDES, AMONG OTHER THINGS, THAT (A) THE PRACTICE IS REQUIRED TO OPERATE IN A MANNER THAT IS, AND LIMITS ITS ACTIVITIES TO THOSE THAT ARE, CONSISTENT WITH AND FURTHER THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL MISSION OF CMI, (B) 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, AND (C) THE PRACTICE MUST OBSERVE VARIOUS REPORTING, BUDGETARY AND OTHER FINANCIAL REQUIREMENTS AND ITS AUDITORS MUST BE ACCEPTABLE TO CMI IF THE PRACTICE FAILS TO OBSERVE THE REQUIREMENTS OF THE RESTRICTED GRANT AGREEMENT, THE AGREEMENT MAY BE TERMINATED, UNSPENT FUNDS MUST BE RETURNED TO CMI AND DAMAGES MAY BE DUE TO DATE, THE PRACTICE HAS RECEIVED GRANTS IN THE AGGREGATE AMOUNT OF \$690,000, ALL OF WHICH WERE MADE BY CMI TO THE PRACTICE PRIOR TO FY2012 CMI'S FINANCE COMMITTEE MONITORS GRANTS MADE TO THE PRACTICE (3) ADMINISTRATIVE SERVICES AGREEMENT PURSUANT TO AN ADMINISTRATIVE SERVICES AGREEMENT BETWEEN CMI AND THE PRACTICE, 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 VALUES 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 THE PRACTICE'S PAYMENT OBLIGATION TO CMI FOR SERVICES PROVIDED UNDER THE ADMINISTRATIVE SERVICES AGREEMENT IS CURRENTLY REFLECTED AS A RECEIVABLE ON CMI'S FINANCIAL STATEMENTS IN THE AMOUNT OF \$779,148, AS REFLECTED IN PART X OF THIS FORM 990 (4) LICENSE AGREEMENT PURSUANT TO A LICENSE AGREEMENT BETWEEN CMI AND THE PRACTICE, CMI GRANTED A ROYALTY-FREE LICENSE OF CERTAIN OF ITS TRADEMARKS AND DOMAIN NAMES TO THE PRACTICE SUBJECT TO THE TERMS AND CONDITIONS THEREOF, INCLUDING THE TERMINATION OF THE LICENSE AGREEMENT IN THE EVENT OF THE PRACTICE'S BREACH OF THE TERMS AND CONDITIONS OF THE RESTRICTED GRANT AGREEMENT</p>

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# NonCash Contributions

OMB No 1545-0047

## 2011

**Open to Public Inspection**

▶ **Complete if the organization 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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	13	423,286	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? . . . . .		No
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? . . . . .		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
CHILD MIND INSTITUTE INC

**Employer identification number**

80-0478843

Identifier	Return Reference	Explanation
	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 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	CMI'S 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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CMI'S CONFLICT OF INTEREST POLICY REQUIRES DIRECTORS HAVING A POTENTIAL CONFLICT TO REPORT TO THE BOARD AND RECUSE THEMSELVES FROM A DISCUSSION AND A VOTE ON A CONFLICTED MATTER. CMI OBTAINS ANNUALLY A SIGNED CONFLICT OF INTEREST DISCLOSURE FORM FROM EACH OF THE BOARD MEMBERS AND MANAGEMENT.

Identifier	Return Reference	Explanation
	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 EACH 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 AND ACCOMPLISHMENTS, AND NICHE EXPERTISE / KNOWLEDGE OF REQUIRED AREAS. NON-INTERESTED MEMBERS OF THE COMPENSATION COMMITTEE OF THE CMI BOARD OF DIRECTORS REVIEW THE COMPENSATION CONSULTANT'S REPORT AND MAKE A DETERMINATION ABOUT COMPENSATION BASED ON ALL RELEVANT FACTORS. THE COMPENSATION COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES AND THE DOCUMENTATION RELIED ON BY THE COMMITTEE IS RETAINED IN CHILD MIND INSTITUTE RECORDS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	A SUMMARY OF AUDITED FINANCIAL STATEMENTS IS AVAILABLE IN THE CHILD MIND INSTITUTE'S ONLINE ANNUAL REPORT



Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, COLUMN D	COMPENSATION OF THE PRESIDENT AND OTHER KEY EXECUTIVES IS SUBJECT TO THE CHILD MIND INSTITUTE'S WRITTEN COMPENSATION POLICY WHICH INCLUDES REVIEW BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION, BY THE BOARD'S COMPENSATION COMMITTEE.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -9,399

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE CHILD MIND INSTITUTE INITIALLY RETAINED MARKS PANETH & SHRON THROUGH A COMPETITIVE PROCESS. SUBSEQUENTLY, IN 2011 THE BOARD, UPON THE RECOMMENDATION OF THE FINANCE COMMITTEE, DETERMINED TO CONTINUE TO RETAIN THEIR SERVICES AS THE INDEPENDENT AUDITOR FOR THE CHILD MIND INSTITUTE.

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 80-0478843  
**Name:** CHILD MIND INSTITUTE INC

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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 DURING THE YEAR ENDED SEPTEMBER 30, 2012, NO AMOUNTS WERE PAID AS GRANTS AGGREGATE GRANTS PAID TO DATE ARE \$690,000 CMI'S FINANCE COMMITTEE MONITORS GRANTS MADE TO THE PRACTICE

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
PHYLLIS GREEN DIRECTOR	50	X						0	0	0
RANDOLPH COWEN DIRECTOR	50	X						0	0	0
MEGAN DOWLEY DIRECTOR	50	X						0	0	0
MARK DOWLEY DIRECTOR	50	X						0	0	0
AUTHUR G ALTSCHUL JR DIRECTOR	50	X						0	0	0
MARGARET GRIEVE DIRECTOR	13 50	X						0	0	0
ELIZABETH FASCITELLI SECRETARY AND DIRECTOR	50	X		X				0	0	0
MICHAEL FASCITELLI DIRECTOR	50	X						0	0	0
GIDEON M GIL DIRECTOR	50	X						0	0	0
DEBRA PERELMAN DIRECTOR AND VICE CHAIR	2 50	X		X				0	0	0
GEORGE HALL DIRECTOR	50	X						0	0	0
JANE ROSENTHAL DIRECTOR	50	X						0	0	0
CRAIG HATKOFF DIRECTOR	50	X						0	0	0
JOSEPH HEALEY DIRECTOR	50	X						0	0	0
ELLEN KATZ DIRECTOR	50	X						0	0	0
HOWARD KATZ DIRECTOR	50	X						0	0	0
CHRISTINE MACK DIRECTOR	50	X						0	0	0
RICHARD MACK DIRECTOR	50	X						0	0	0
STEVEN MARCUS DIRECTOR	50	X						0	0	0
ANNE WELSH MCNULTY TREASURER AND DIRECTOR	50	X		X				0	0	0
JULIE MINSKOFF DIRECTOR	50	X						0	0	0
MARCIA MISHAAN DIRECTOR	50	X						0	0	0
RICHARD MISHAAN DIRECTOR	50	X						0	0	0
DANIEL NEIDICH DIRECTOR	50	X						0	0	0
JORDAN SCHAPS DIRECTOR	50	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
LINDA SCHAPS DIRECTOR	50	X						0	0	0
CLAUDE WASSERSTEIN DIRECTOR	50	X						0	0	0
PREETHI KRISHNA DIRECTOR	50	X						0	0	0
RAM SUNDARAM DIRECTOR	50	X						0	0	0
BROOKE GARBER NEIDICH CHAIR AND DIRECTOR	3 00	X		X				0	0	0
DR HAROLD KOPLIEWICZ MD PRES (SEE SCHEDULE O)	40 00			X				600,101	0	256,907
SHERINE KHALIL CHIEF OPERATING OFFICER	40 00			X				280,745	0	22,528
REBECCA BENGHIAT CHIEF OF STAFF	40 00			X				77,457	0	22,927
DAVID RIVERA DIRECTOR OF FINANCE	40 00			X				0	0	0
LISA GIOIA-HERNANDEZ DIRECTOR OF DEVELOPMENT	40 00					X		134,379	0	16,255
DAWN THOMSEN CHIEF OUTREACH OFFICER	40 00					X		111,665	0	27,085
ILEAN HELLAND ASSISTANT TO THE PRESIDEDNT	40 00					X		105,142	0	30,060
MICHAEL MILHAM DIR CTR DEV BRAIN	40 00					X		125,413	0	12,036