

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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

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 Suite 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 \$ 13,066,937

F Name and address of principal officer: DR HAROLD KOPLEWICZ MD, 445 PARK AVENUE, 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE ARE DEDICATED TO TRANSFORMING MENTAL HEALTH CARE FOR CHILDREN EVERYWHERE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,573,350	12,689,311
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,795	15,808
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,859	25,279
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,603,004	12,730,398
	14 Benefits paid to or for members (Part IX, column (A), line 4)	368,066	794,884
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,739,872	4,440,845
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,551,933	76,046	66,500
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,065,507	3,736,209
19 Revenue less expenses Subtract line 18 from line 12	7,249,491	9,038,438	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,353,513	3,691,960
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances Subtract line 21 from line 20	13,612,923	16,714,595
		1,858,244	1,947,032
	11,754,679	14,767,563	

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: 2014-04-29
 david nvera director of finance
 Type or print name and title

Paid Preparer Use Only

Preparer's name: JULIE FLOCH Preparer's signature: _____ Date: _____
 Firm's name: EISNERAMPER LLP Firm's EIN: _____
 Firm's address: 750 THIRD AVENUE NEW YORK, NY 100172703 Phone no: (212) 949-8700

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 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 \$ 1,469,246 including grants of \$) (Revenue \$)
 PUBLIC EDUCATION THE CHILD MIND INSTITUTE HAS A PUBLIC EDUCATION MISSION TO PROVIDE AUTHORITATIVE, SCIENCE-BASED INFORMATION AND RESOURCES ABOUT CHILDREN'S MENTAL HEALTH TO PARENTS, EDUCATORS AND OTHER MENTAL HEALTH PROFESSIONALS CHILDMIND ORG - THE CHILD MIND INSTITUTE'S WEB SITE CONTAINS A WEALTH OF INFORMATION, NEWS, ADVICE AND STRATEGIES FOR PARENTS, EDUCATORS, AND 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! - Speak Up for Kids is the Child Mind Institute's national public education campaign held each May to battle the barriers that can prevent kids and families from seeking life-changing treatment By promoting awareness and engaging a broad coalition of partners, the campaign sparks the kind of national attention that children's mental health truly deserves Speak Up for Kids features events, influential speakers, more than 100 partner organizations, resources for parents and families, synchronized digital activities, and multi-platform media engagement ADAM JEFFREY KATZ MEMORIAL LECTURE - DESIGNED TO RAISE AWARENESS AND EDUCATE THE PUBLIC ABOUT childhood psychiatric and learning disorders, THE KATZ FAMILY LAUNCHED THIS ANNUAL LECTURE IN 2003 AS A LIVING MEMORIAL TO ADAM KATZ, WHO STRUGGLED WITH ADHD and dyslexia THE TWO-PART PROGRAM IS HELD EVERY MAY, DURING NATIONAL MENTAL HEALTH Awareness MONTH, AND FEATURES A LEADING EXPERT IN THE FIELD, followed by A CANDID CONVERSATION WITH A prominent GUEST ABOUT LIVING WITH A MENTAL HEALTH DISORDER PAST honorees HAVE INCLUDED ACTOR ORLANDO BLOOM, ACTRESS AND PRODUCER TRUDIE STYLER, PRODUCER BRIAN GRAZER, and Grammy-winning artist Naomi Judd This year, the event was webcast to thousands as part of the Child Mind Institute's Speak Up for Kids public awareness campaign 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 - Each year, THE CHILD MIND INSTITUTE INVITES four local PUBLIC AND INDEPENDENT SCHOOLS TO PARTICIPATE in OUR GALLERY PROGRAM DEDICATED TO DISPLAYING WORKS OF ART CREATED BY STUDENT ARTISTS CRITICAL TO CHILD DEVELOPMENT AND ACADEMIC SUCCESS, art PROMOTES SELF-ESTEEM AND PROVIDE OPPORTUNITIES FOR SELF-EXPRESSION Works from the Student Art Project are PROMINENTLY exhibited AT THE CHILD MIND INSTITUTE HEADQUARTERS and LAUNCHED WITH AN OPENING RECEPTION 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), OBSSIVE-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 \$ 2,334,489 including grants of \$ 213,249) (Revenue \$)
 SCIENCE AND INNOVATION The Child Mind Institute (CMI) has a science and innovation mission that underscores the transformative power of collaborative research in the field of child mental health The Center for the Developing Brain (CDB) at the CMI is dedicated to accelerating the pace of scientific advancement for child mental health through the conduct and promotion of high impact research focused on the developing brain and mental illness The CDB actively works to innovate models of the neural underpinnings of mental illness, as well as the methodologies employed by investigators to examine them Additionally, the CDB spearheads a large-scale "open science" initiative that serves to demonstrate the feasibility and value of open data-sharing in the brain imaging community Known as the "International Neuroimaging Data-sharing Initiative (INDI)", this effort has proven to be a game-changer, giving researchers who once struggled to obtain a few dozen datasets for their work, access to thousands of datasets from clinical and nonclinical populations 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 Health Brain Network is the Child Mind Institute's unprecedented initiative to collect and share data from developing children with the best research minds all over the world The initiative will be launched with imaging and other data from 10,000 young people in the New York metropolitan area By sharing the information with the global scientific community, we will capture the attention of interdisciplinary researchers, who may never before have studied this type of data, putting child psychiatry at the forefront of scientific inquiry and discovery Ultimately research from the Healthy Brain Network will lead to improved diagnosis and treatment of childhood 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 Stress and Resilience program (new Program)- In 2013, the Child Mind Institute's Stress and Resilience Program provided trauma response services to more than 100 New York City public elementary, intermediate and high schools, as well as children's mental health clinics, serving thousands of students in the NYC neighborhoods Our services focused on providing psychoeducational workshops, school-based trauma interventions, and consultation to communities affected by Superstorm Sandy, as well as NYC public schools The overall purpose of the Stress and Resilience Program is to promote healthy child development and resilience, and prevent serious, trauma-related psychological difficulties among children and adolescents Our goals are to 1) increase awareness of children's mental health issues, specifically nsks related to traumatic events, 2) reduce exposure to stressful/traumatic events, 3) decrease stigma and other barriers to care, 4) facilitate early detection of problematic reactions to stressful/traumatic events, and 5) provide effective treatments to children and families in need The Stress and Resilience program has particular experience working with military families, particularly those who have difficulties related to trauma exposure or readjustment to life at home and exposure to military stress The Child Mind Institute supports our troops and their families by addressing the unique needs of U S military children, and by lending a hand to military parents as they navigate their life of service and parenthood We help military parents in two ways 1) by connecting military kids and their families to important resources that address issues specific to their own readjustment, and 2) by helping military members and spouses to thrive in their roles as parents, and by giving kids in need treatments that will benefit them

4c (Code) (Expenses \$ 1,637,830 including grants of \$ 581,635) (Revenue \$)
 ACCESS TO CLINICAL CARE THE CHILD MIND INSTITUTE AIMS TO PROVIDE RESOURCES TO CHILDREN, TEENS, AND FAMILIES TO IMPROVE ACCESS TO THE CLINICAL CARE THEY NEED TO LIVE HEALTHY, FULFILLING LIVES FINANCIAL AID PROGRAM - THE CHILD MIND INSTITUTE LAUNCHED ITS 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 70% 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 Child Mind Institute HAS RAISED A CUMULATIVE TOTAL OF \$911,800 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 \$1,823,600 THIS PAST YEAR ALONE, THE CLINICIANS PROVIDED CLINICAL CARE WORTH APPROXIMATELY \$582,000 IN FINANCIAL AID

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

4e Total program service expenses 5,441,565

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations. 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	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>		No
6 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
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
10 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
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
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
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e 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	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
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 and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 51		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 58		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed AL, AZ, CA, CT, DC, GA, IL, ME, MD, MA, MI, MN, NH, NJ, NY, NC, OH, OR, PA, RI, SC, VA, WI
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization DAVID RIVERA DIR OF FINANCE 445 PARK AVENUE 2ND FLOOR NEW YORK, NY (212) 308-3118

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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. Includes sub-totals for 1b, 1c, and 1d.

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 5

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like 42ND STREET LESSEE, COMMUNITY COUNSELING SERVICE CO L, EPSTEIN BECKER GREEN PC, and MADISON TECHNOLOGY.

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

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	5,830,996				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	6,858,315				
	g Noncash contributions included in lines 1a-1f \$	268,664				
	h Total. Add lines 1a-1f	12,689,311				
Program Service Revenue	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f	0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	15,049			15,049	
	4 Income from investment of tax-exempt bond proceeds	0				
	5 Royalties	0				
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0			0
	d Net rental income or (loss)	0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	69,411			
		(ii) Other				
		b Less cost or other basis and sales expenses	68,652			
		c Gain or (loss)	759			
	d Net gain or (loss)	759			759	
	8a Gross income from fundraising events (not including \$ 5,830,996 of contributions reported on line 1c) See Part IV, line 18	a	267,887			
		b Less direct expenses b	267,887			
c Net income or (loss) from fundraising events		0				
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	0				
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory	0				
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS REVENUE	900099	25,279			25,279	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		25,279				
12 Total revenue. See Instructions		12,730,398			41,087	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	213,249	213,249		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	581,635	581,635		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,175,832	423,212	413,527	339,093
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,355,875	1,816,793	384,298	154,784
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	208,589	86,948	103,555	18,086
9	Other employee benefits	472,418	196,921	234,535	40,962
10	Payroll taxes	228,131	95,094	113,257	19,780
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	75,182		75,182	
c	Accounting	111,504		111,504	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	66,500			66,500
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	888,734	240,595	150,032	498,107
12	Advertising and promotion	43,312	38,887	500	3,925
13	Office expenses	50,766	26,284	10,958	13,524
14	Information technology	186,348	142,050	19,504	24,794
15	Royalties	0			
16	Occupancy	324,581	187,397	79,943	57,241
17	Travel	167,517	76,090	47,516	43,911
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	6,475	3,722	570	2,183
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	603,879	436,741	103,741	63,397
23	Insurance	51,011	13,882	33,046	4,083
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SUB-CONTRACTORS	473,296	471,546	1,750	
b	MARKETING CONSULTANTS	190,928	103,482	21,957	65,489
c	COMPUTERS & EQUIPMENT	177,710	101,904	55,103	20,703
d	PAYROLL PROCESSING FEES	111,104	85,661	18,110	7,333
e	All other expenses	273,862	99,472	66,352	108,038
25	Total functional expenses. Add lines 1 through 24e	9,038,438	5,441,565	2,044,940	1,551,933
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	777,697	1	105,790
	2 Savings and temporary cash investments	5,871,763	2	7,189,945
	3 Pledges and grants receivable, net	2,821,575	3	4,349,179
	4 Accounts receivable, net	0	4	26,729
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	214,562	9	346,960
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,559,015		
	b Less accumulated depreciation	10b 1,413,114	2,701,228	10c 2,145,901
	11 Investments—publicly traded securities	327,901	11	858,079
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	898,197	15	1,692,012
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,612,923	16	16,714,595	
Liabilities	17 Accounts payable and accrued expenses	1,015,269	17	527,126
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 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	842,975	25	1,419,906
	26 Total liabilities. Add lines 17 through 25	1,858,244	26	1,947,032
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,574,646	27	7,863,450
	28 Temporarily restricted net assets	3,180,033	28	6,904,113
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,754,679	33	14,767,563	
34 Total liabilities and net assets/fund balances	13,612,923	34	16,714,595	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,730,398
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,038,438
3	Revenue less expenses Subtract line 2 from line 1	3	3,691,960
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,754,679
5	Net unrealized gains (losses) on investments	5	107,647
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-786,723
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,767,563

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b 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		

Additional Data

Software ID:
Software Version:
EIN: 80-0478843
Name: Child Mind Institute Inc

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 (list any hours for related organizations below dotted line)	(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			
BROOKE GARBER NEIDICH CHAIR AND DIRECTOR	6 0	X		X				0	0	0
DEBRA PERELMAN VICE CHAIR AND DIRECTOR	6 0	X		X				0	0	0
ELIZABETH FASCITELLI SECRETARY AND DIRECTOR	1 0	X		X				0	0	0
ANNE WELSH MCNULTY TREASURER AND DIRECTOR	1 0	X		X				0	0	0
ARTHUR ALTSCHUL JR DIRECTOR	1 0	X						0	0	0
RANDOLPH COWEN DIRECTOR	1 0	X						0	0	0
MARK DOWLEY DIRECTOR	1 0	X						0	0	0
MEGAN DOWLEY DIRECTOR	1 0	X						0	0	0
MICHAEL FASCITELLI DIRECTOR	1 0	X						0	0	0
GIDEON GIL DIRECTOR	1 0	X						0	0	0
PHYLLIS GREEN DIRECTOR	1 0	X						0	0	0
MARGARET GRIEVE DIRECTOR	6 0	X						0	0	0
GEORGE HALL DIRECTOR (TO 9/19/13)	1 0	X						0	0	0
CRAIG HATKOFF DIRECTOR	1 0	X						0	0	0
JOSEPH HEALEY DIRECTOR	1 0	X						0	0	0
Ellen Katz DIRECTOR	1 0	X						0	0	0
HOWARD KATZ DIRECTOR	1 0	X						0	0	0
PREETHI KRISHNA DIRECTOR	1 0	X						0	0	0
CHRISTINE MACK DIRECTOR	1 0	X						0	0	0
RICHARD MACK DIRECTOR	1 0	X						0	0	0
STEVEN MARCUS DIRECTOR	1 0	X						0	0	0
JULIE MINSKOFF DIRECTOR	1 0	X						0	0	0
MARCIA MISHAAN DIRECTOR (TO 4/13/13)	1 0	X						0	0	0
RICHARD MISHAAN DIRECTOR (TO 4/13/13)	1 0	X						0	0	0
VALERIE MNUCHIN DIRECTOR (AS OF 9/23/13)	1 0	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 (list any hours for related organizations below dotted line)	(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				
DANIEL NEIDICH DIRECTOR	1 0	X						0	0	0	
AMY PHELAN DIRECTOR (AS OF 4/13/13)	1 0	X						0	0	0	
JOHN PHELAN DIRECTOR (AS OF 4/13/13)	1 0	X						0	0	0	
JANE ROSENTHAL DIRECTOR	1 0	X						0	0	0	
JORDAN SCHAPS DIRECTOR	1 0	X						0	0	0	
LINDA SCHAPS DIRECTOR	1 0	X						0	0	0	
RAM SUNDARAM DIRECTOR	1 0	X						0	0	0	
CLAUDE WASSERSTEIN DIRECTOR	1 0	X						0	0	0	
DR HAROLD KOPLEWICZ PRESIDENT	40 0			X				679,214	0	268,984	
SHERINE KHALIL CHIEF OPERATING OFFICER	40 0			X				276,343	0	20,746	
ELIZABETH PLANET EXECUTIVE VP & CSO	40 0			X				56,383	0	1,311	
DAVID RIVERA DIRECTOR OF FINANCE	40 0			X				72,965	0	2,094	
DAWN THOMSEN CHIEF OUTREACH OFFICER	40 0					X		127,609	0	17,163	
ILEAN HELLAND ASSISTANT TO THE PRESIDENT	40 0					X		108,071	0	17,706	
MICHAEL MILHAM DIR CTR DEV BRAIN	40 0					X		195,133	0	23,164	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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.

Name of the organization
Child Mind Institute Inc

Employer identification number
80-0478843

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- 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 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
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		8,570,923	8,975,012	9,573,350	12,689,311	39,808,596
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3		8,570,923	8,975,012	9,573,350	12,689,311	39,808,596
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,845,283
6 Public support. Subtract line 5 from line 4						33,963,313

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4		8,570,923	8,975,012	9,573,350	12,689,311	39,808,596
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,513	11,131	14,795	15,049	43,488
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			16,971	14,859	25,279	57,109
11 Total support. (Add lines 7 through 10)						39,909,193

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 <input checked="" type="checkbox"/>		

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2012. 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 <input type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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, Part V, 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 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? Yes No
4a Was a correction made? Yes No
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? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f 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: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		36,692
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			36,692
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART II-B, LINE 1, LOBBYING ACTIVITIES		Advocating for funding to support services for Superstorm Sandy recovery programs. Advocating for expansion of law providing access to mental health care services to veterans only to include their family members. Advising members of the House Energy and Commerce Committee and staff of the House and Senate Labor, HHS and Education Appropriations Subcommittees on approaches to improving and expanding mental health services for children. Raising awareness of children's mental health issues by promoting Speak Up for Kids with the DEPARTMENT OF HEALTH AND HUMAN SERVICES. Direct lobbying- \$36,692

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts for revenues and assets.

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

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

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

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

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part XIII 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
1a Land				
b Buildings				
c Leasehold improvements		1,765,525	317,055	1,448,470
d Equipment		1,009,452	434,197	575,255
e Other		784,038	661,862	122,176
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,145,901

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include PRACTICE FOR FINANCIAL AID and PRACTICE FOR SHARED SERVICES.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, DEFERRED RENT LIABILITY, and DEFERRED COMPENSATION LIABILITY.

2. Fin 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	13,043,208
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	107,647	
b	Donated services and use of facilities	2b	205,163	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	312,810
3	Subtract line 2e from line 1		3	12,730,398
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	12,730,398

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	9,243,601
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	205,163	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	205,163
3	Subtract line 2e from line 1		3	9,038,438
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	9,038,438

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
PART X, LINE 2		THE TEXT OF THE FOOTNOTE TO CMI'S AUDITED FINANCIAL STATEMENTS THAT REPORTS CMI'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC TOPIC 740) IS AS FOLLOWS CMI is subject to the provisions of the Financial Accounting Standards Board's (the "FASB") Accounting Standards Codification ("ASC") Topic 740-10-05 relating to accounting and reporting for uncertainty in income taxes. Because of CMI's general tax-exempt status, ASC Topic 740-10-05 has not had, and is not anticipated to have, a material impact on CMI's financial statements.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

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. Form 990-EZ filers are not required to complete this part.

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 email 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 rows for EVENT ASSOCIATES and OTHER FUNDRAISING.

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

AL, CA, CT, DC, GA, IL, LA, ME, MD, MA, MN, NH, NY, NC, OR, PA, VA, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA EVENT</u> (event type)	_____ (event type)	<u>0</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	6,098,883			6,098,883
	2 Less Contributions	5,830,996			5,830,996
	3 Gross income (line 1 minus line 2)	267,887			267,887
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	267,887			267,887
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					

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))	
Revenue	1 Gross revenue					
Direct Expenses	2 Cash prizes					
	3 Non-cash prizes					
	4 Rent/facility costs					
	5 Other direct expenses					
	6 Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No		
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
	8 Net gaming income summary Combine 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 _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B COLUMN (V)		The amount paid to the professional fundraising company, event associates, represents fees paid for the planning of CMI's December 2012 annual benefit dinner and for other fundraising activities. The total amount paid to event associates for the planning of the December 2012 ANNUAL DINNER WAS \$65,231, WHICH INCLUDED \$54,000 IN CONTRACT FEES AND \$11,231 IN REIMBURSABLE EXPENSES. CMI PAID \$13,193 FOR OTHER FUNDRAISING ACTIVITIES, \$12,500 in fees and \$693 of reimbursable expenses in FISCAL YEAR 2013. CMI PAID \$32,000 in the previous FISCAL YEAR as a deposit for the December 2012 annual dinner. In December 2012, CMI contracted with Event associates for the December 2013 event, and a \$43,000 deposit towards that contract was paid in fiscal year 2013.

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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...
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.

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. Row 1: RESEARCH FOUNDATION FOR MENTAL HYGIENE, 14-1410842, 501(C)(3), 213,249, SEE PART IV.

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SEE PART IV	273	581,636			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		THE GRANT WAS MADE FOLLOWING A WRITTEN GRANT AGREEMENT STIPULATING THE PURPOSES OF THE GRANT AND REQUIRING REGULAR REPORTING ON THE USE OF THE GRANT FUNDS CMI RECEIVES EXPENSE REPORTS ON A QUARTERLY BASIS FROM GRANTEE 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 IN HIS OTHER CAPACITY 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 III, LINE 1A		THE CHILD MIND INSTITUTE PROVIDES A FINANCIAL AID PROGRAM THAT OFFERS ELIGIBLE FAMILIES A FEE DISCOUNT FOR DIAGNOSTIC EVALUATIONS AND ONGOING TREATMENT FOR CHILDREN WITH MENTAL HEALTH DISORDERS THE PROGRAM IS DESIGNED TO ALLOW PATIENTS FROM LOW-INCOME FAMILIES TO QUALIFY, WHILE ALSO ACCOMODATING FAMILIES WITH HIGHER THAN AVERAGE INCOME, WHO HAVE OTHER FINANCIAL STRAINS, SUCH AS CHILDREN IN COLLEGE OR OTHER MEDICAL BILLS IN FY 2013 A TOTAL OF 273 PATIENTS RECEIVED \$581,636 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 \$1,163,272 OF SUPPORT TOWARDS CLINICAL SERVICES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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

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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 Regulations 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
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR HAROLD KOPLEWICZ PRESIDENT	(i)	499,214	180,000		124,000	144,984	948,198	0
	(ii)	0	0	0			0	
(2) SHERINE KHALIL CHIEF OPERATING OFFICER	(i)	276,343			10,000	10,746	297,089	
	(ii)	0	0	0			0	
(3) MICHAEL MILHAM DIR CTR DEV BRAIN	(i)	195,133			9,730	13,434	218,297	
	(ii)	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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

2012

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, line 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 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose 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) CHILD MIND MEDICAL PRACTICE PLLC	SEE PART V	1,692,012	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
SCHEDULE 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 THE 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, IS NOT LEGALLY 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 OF THE OTHER MEMBER, DR RONALD STEINGARD'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 INTERESTS 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 PROVIDE THAT THE PRACTICE IS TO BE OPERATED SOLELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES IN FURTHERANCE AND SUPPORT OF CMI'S CHARITABLE, EDUCATIONAL AND SCIENTIFIC 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 PRACTICE'S ARTICLES OF ORGANIZATION 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 IN SPITE OF THIS, THE PRACTICE DOES NOT FALL UNDER THE DEFINITION OF A "RELATED ORGANIZATION" TO CMI 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 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 \$1,638,141, AS REFLECTED IN PART X OF THIS FORM 990 DURING FISCAL-YEAR 2013, CMI INCURRED \$958,992 OF COSTS ASSOCIATED WITH PROVIDING ADMINISTRATIVE SERVICES TO PRACTICE, OF WHICH \$100,000 HAS BEEN REIMBURSED IN FISCAL-YEAR 2013 (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 CERTAIN TERMS AND CONDITIONS, 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 (5) SUB-CONTRACTING CMI HAS RECEIVED CONTRIBUTIONS AND GRANTS THAT REQUIRE SERVICES THAT IT IS UNABLE TO PROVIDE IN THESE INSTANCES, CMI SUB-CONTRACTS WITH VARIOUS AGENCIES, INCLUDING THE PRACTICE, TO PERFORM THESE SERVICES CMI DISCLOSES TO ITS DONORS AND GRANTORS THAT THOSE FUNDS RECEIVED WILL BE SUB-CONTRACTED TO SATISFY THE DONOR'S AND GRANTOR'S REQUESTS DURING FISCAL-YEAR 2013, SUB-CONTRACTED AMOUNTS PAID TO THE PRACTICE IN PERFORMANCE OF THESE REQUESTS AMOUNTED TO \$258,325</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Child Mind Institute Inc

Employer identification number
80-0478843

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	268,664	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
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	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 noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

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

2012

**Open to Public
Inspection**

Name of the organization
Child Mind Institute Inc

Employer identification number

80-0478843

Identifier	Return Reference	Explanation
CMI MISSION AND PROGRAM SERVICES	FORM 990, PART I, LINE 1	OUR ORGANIZATION IS COMMITTED TO FINDING MORE EFFECTIVE TREATMENTS FOR CHILDHOOD PSYCHIATRIC AND LEARNING DISORDERS, BUILDING THE SCIENCE OF HEALTHY BRAIN DEVELOPMENT, AND EMPOWERING CHILDREN AND THEIR FAMILIES WITH HELP, HOPE AND ANSWERS FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES CLINICAL CARE 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, 2013, NO AMOUNTS WERE PAID AS GRANTS AGGREGATE GRANTS PAID TO DATE ARE \$690,000 CMI'S FINANCE COMMITTEE MONITORS GRANTS MADE TO THE PRACTICE SEE SCHEDULE L FOR ADDITIONAL INFORMATION REGARDING THE PRACTICE

Identifier	Return Reference	Explanation
FAMILY RELATIONSHIPS	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 AMY AND JOHN PHELAN 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 BROOKE GARBER NEIDICH AND DANIEL NEIDICH ARE HUSBAND AND WIFE JORDAN SCHAPS IS THE SON OF LINDA SCHAPS PREETHI KRISHNA AND RAM SUNDARAM ARE HUSBAND AND WIFE

Identifier	Return Reference	Explanation
FORM 990	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 Executive Vice President/COO AND BY EXTERNAL INDEPENDENT LEGAL COUNSEL THE DRAFT FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH WAS DELEGATED THIS RESPONSIBILITY BY THE FULL BOARD OF DIRECTORS 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
CONFLICT OF INTEREST POLICY	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 A SIGNED CONFLICT OF INTEREST DISCLOSURE FORM FROM EACH OF THE BOARD MEMBERS AND MANAGEMENT ON AN ANNUAL BASIS.

Identifier	Return Reference	Explanation
COMPENSATION POLICY	FORM 990, PART VI, SECTION B, LINE 15	ALL EXECUTIVE LEVEL COMPENSATION IS REVIEWED BY AN OUTSIDE 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 RETAINED IN CHILD MIND INSTITUTE RECORDS.

Identifier	Return Reference	Explanation
AVAILABILITY OF ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 IS AVAILABLE UPON REQUEST CMI PUBLISHES A SUMMARY OF ITS AUDITED FINANCIAL STATEMENTS IN THE ANNUAL REPORT WHICH IS AVAILABLE ON ITS WEBSITE

Identifier	Return Reference	Explanation
REPORTABLE COMPENSATION	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
PRIOR PERIOD ADJUSTMENTS	FORM 990, PART X, LINES 25 AND 33	RESTATEMENT OF NET ASSETS UNRESTRICTED NET ASSETS AT THE BEGINNING OF THE YEAR HAVE BEEN DECREASED BY \$786,723 TO REFLECT INCREASES IN THE FOLLOWING LIABILITY BALANCES DUE TO CHILD MIND MEDICAL PRACTICE - SUB-CONTRACTED SERVICES \$200,411 DEFERRED RENT LIABILITY \$586,312