

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **10/01, 2018**, and ending **09/30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILD MIND INSTITUTE, INC.			D Employer identification number 80-0478843
	Doing Business As			E Telephone number (212) 308-3118
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 30,206,918.
	101 EAST 56TH STREET			
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022			
F Name and address of principal officer: DR. HAROLD KOPEWICZ MD 101 EAST 56TH STREET, NEW YORK, NY 10022				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.CHILDMIND.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 THE LIVES OF CHILDREN STRUGGLING WITH MENTAL HEALTH AND LEARNING DISORDERS.		
	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	31.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	115.
	6 Total number of volunteers (estimate if necessary)	6	10.
	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	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,478,694.	21,535,306.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,241.	20,670.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	393,611.	254,620.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	908,060.	1,810,563.
		15,859,606.	23,621,159.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	628,901.	700,569.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,850,637.	11,575,773.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	201,700.	183,327.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,943,099.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,158,857.	11,631,767.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,840,095.	24,091,436.
19 Revenue less expenses. Subtract line 18 from line 12	-980,489.	-470,277.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	26,639,068.	29,039,173.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,703,966.	5,528,421.
	23,935,102.	23,510,752.	

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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		08/13/2020
	Signature of officer	Date
	HAROLD S. KOPEWICZ MD, PRESIDENT	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name WILLIAM EPSTEIN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01307171
	Firm's name ▶ EISNERAMPER LLP	Firm's EIN ▶ 13-1639826		Phone no. 212-949-8700	
	Firm's address ▶ 733 THIRD AVENUE NEW YORK, NY 10017-2703				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CHILD MIND INSTITUTE, INC.	80-0478843
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	445 PARK AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10022	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JULIA POWER BURNS, CFO

• The books are in the care of ▶ 445 PARK AVENUE NEW YORK NY 10022

Telephone No. ▶ 212 308-3118 Fax No. ▶ 646 625-4348

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/17, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 10/01, 2018, and ending 09/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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 \$ 3,049,234. including grants of \$) (Revenue \$)

PUBLIC EDUCATION AND OUTREACH

4b (Code:) (Expenses \$ 11,240,467. including grants of \$ 36,000.) (Revenue \$ 20,670.)

SCIENCE AND INNOVATION

4c (Code:) (Expenses \$ 2,022,018. including grants of \$ 700,569.) (Revenue \$)

ACCESS TO CLINICAL CARE

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► 16,311,719.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. [X]

Table with 3 columns: Question number, Description, and Yes/No response. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (31), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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			
(1) BROOKE GARBER NEIDICH CO-CHAIR AND DIRECTOR	6.00 0.	X		X				0.	0.	0.
(2) RAM SUNDARAM CO-CHAIR AND DIRECTOR	1.00 0.	X						0.	0.	0.
(3) DEBRA PERELMAN VICE CHAIR AND DIRECTOR	6.00 0.	X		X				0.	0.	0.
(4) ELIZABETH FASCITELLI SECRETARY AND DIRECTOR	1.00 0.	X		X				0.	0.	0.
(5) ANNE WELSH MCNULTY TREASURER AND DIRECTOR	1.00 0.	X		X				0.	0.	0.
(6) ARTHUR ALTSCHUL, JR. DIRECTOR	1.00 0.	X						0.	0.	0.
(7) DEVON BRIGER DIRECTOR	1.00 0.	X						0.	0.	0.
(8) LISA BROOKE DIRECTOR	1.00 0.	X						0.	0.	0.
(9) RANDOLPH COWEN DIRECTOR	1.00 0.	X						0.	0.	0.
(10) MARK DOWLEY DIRECTOR	1.00 0.	X						0.	0.	0.
(11) MICHAEL FASCITELLI DIRECTOR	1.00 0.	X						0.	0.	0.
(12) PHYLLIS GREEN DIRECTOR	1.00 0.	X						0.	0.	0.
(13) MARGARET GRIEVE DIRECTOR	1.00 0.	X						0.	0.	0.
(14) JONATHAN HARRIS DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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			
15) JOSEPH HEALEY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
16) HOWARD KATZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
17) PREETHI KRISHNA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
18) CHRISTINE MACK ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
19) RICHARD MACK ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
20) JULIE MINSKOFF ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
21) DANIEL NEIDICH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
22) AMY PHELAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
23) JOHN PHELAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
24) JOSH RESNICK ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
25) LINNEA ROBERTS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,674,307.	0.	94,001.	
d Total (add lines 1b and 1c)							2,674,307.	0.	94,001.	

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 ► 16

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

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

(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			
(26) JANE ROSENTHAL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(27) JORDAN SCHAPS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(28) LINDA SCHAPS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(29) ZIBBY SCHWARZMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(30) DAVID SHAPIRO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(31) EMMA STONE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(32) DR HAROLD KOPLEWICZ ----- PRESIDENT	40.00 ----- 0.			X			1,123,638.	0.	19,187.	
(33) ELIZABETH PLANET ----- EXECUTIVE DIR	40.00 ----- 0.			X			349,433.	0.	10,000.	
(34) JULIA BURNS ----- CFO (AS OF AUG 2019)	40.00 ----- 0.			X			0.	0.	0.	
(35) AMIE CLANCY ----- CAO (AS OF MAY 2019)	40.00 ----- 0.			X			0.	0.	0.	
(36) BRETT DAKIN ----- GENERAL COUNSEL	40.00 ----- 0.			X			229,636.	0.	16,288.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 16

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(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			
(37) DAVID RIVERA-GARCIA DIR FIN & ADMN (THRU JUL 2019)	40.00 0.			X				221,575.	0.	14,943.
(38) DR. MICHAEL MILHAM DIR OF CENTER FOR DEVEL. BRAIN	40.00 0.					X		229,951.	0.	10,000.
(39) DWAYNE FLINCHUM DIR. OF MARKETING AND COMM.	40.00 0.					X		191,823.	0.	0.
(40) SARAH BURKE DIRECTOR OF DEVELOPMENT	40.00 0.					X		165,824.	0.	15,917.
(41) ARNO KLEIN DIRECTOR OF INNOVATION TECHNOL	40.00 0.					X		162,427.	0.	7,666.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 16

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	7,915,308.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,487,149.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,132,849.				
	g Noncash contributions included in lines 1a-1f: \$		768,036.				
	h Total. Add lines 1a-1f			21,535,306.			
	Program Service Revenue	2a PROGRAM SERVICE FEES			Business Code		
			900099	20,670.	20,670.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				20,670.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).				202,958.		202,958.
	4 Income from investment of tax-exempt bond proceeds				0.		
	5 Royalties				0.		
				(i) Real	(ii) Personal		
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0.		
	7a Gross amount from sales of assets other than inventory			(i) Securities	(ii) Other		
				6,276,636.			
	b Less: cost or other basis and sales expenses				6,224,974.		
	c Gain or (loss)				51,662.		
	d Net gain or (loss)				51,662.		51,662.
	8a Gross income from fundraising events (not including \$ 6,958,756. of contributions reported on line 1c). See Part IV, line 18			a	360,785.		
	b Less: direct expenses			b	360,785.		
c Net income or (loss) from fundraising events				0.			
9a Gross income from gaming activities. See Part IV, line 19			a	0.			
b Less: direct expenses			b	0.			
c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances			a	0.			
b Less: cost of goods sold			b	0.			
c Net income or (loss) from sales of inventory				0.			
Miscellaneous Revenue				Business Code			
11a ADMINISTRATIVE SERVICES			900099	1,725,422.	1,725,422.		
b OTHER REVENUE			900099	85,141.	85,141.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d				1,810,563.			
12 Total revenue. See instructions.				23,621,159.	1,831,233.	254,620.	

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	700,569.	700,569.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	1,534,867.	896,261.	403,892.	234,714.
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	8,258,164.	4,822,225.	2,173,087.	1,262,852.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	216,988.	126,707.	57,099.	33,182.
9 Other employee benefits	995,670.	581,406.	262,005.	152,259.
10 Payroll taxes	570,084.	332,892.	150,014.	87,178.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	93,975.	42,244.	22,086.	29,645.
c Accounting	74,100.	38,275.	29,445.	6,380.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	183,327.			183,327.
f Investment management fees	33,194.		33,194.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	794,413.	290,598.	282,241.	221,574.
12 Advertising and promotion	6,420.	3,130.	2,790.	500.
13 Office expenses	248,333.	171,211.	52,137.	24,985.
14 Information technology	856,716.	553,813.	168,057.	134,846.
15 Royalties	0.			
16 Occupancy	1,570,475.	900,860.	578,701.	90,914.
17 Travel	357,121.	201,598.	16,929.	138,594.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	205,554.	202,788.	2,766.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	613,976.	477,789.	113,485.	22,702.
23 Insurance	276,551.	164,506.	80,069.	31,976.
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	5,394,486.	5,159,802.	95,001.	139,683.
b PAYROLL PROCESSING FEES	184,826.	141,537.	35,463.	7,826.
c BANK FEES	80,897.	11,979.	36,421.	32,497.
d MARKETING	299,287.	161,540.	101,799.	35,948.
e All other expenses _____	541,443.	329,989.	139,937.	71,517.
25 Total functional expenses. Add lines 1 through 24e	24,091,436.	16,311,719.	4,836,618.	2,943,099.
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)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,444,784.	1	6,321,604.
	2 Savings and temporary cash investments	2,977,115.	2	2,921,302.
	3 Pledges and grants receivable, net	11,080,712.	3	8,721,830.
	4 Accounts receivable, net	157,013.	4	44,230.
	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	481,123.	9	675,390.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,761,560.		
	b Less: accumulated depreciation	10b 3,182,482.	3,581,860.	10c 4,579,078.
	11 Investments - publicly traded securities	5,845,851.	11	3,590,716.
	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	1,070,610.	15	2,185,023.
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,639,068.	16	29,039,173.	
Liabilities	17 Accounts payable and accrued expenses	1,851,710.	17	2,565,936.
	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	852,256.	25	2,962,485.
	26 Total liabilities. Add lines 17 through 25	2,703,966.	26	5,528,421.
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	6,555,590.	27	5,150,408.
	28 Temporarily restricted net assets	15,379,512.	28	16,360,344.
	29 Permanently restricted net assets	2,000,000.	29	2,000,000.
	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	23,935,102.	33	23,510,752.
34 Total liabilities and net assets/fund balances	26,639,068.	34	29,039,173.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,621,159.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,091,436.
3	Revenue less expenses. Subtract line 2 from line 1	3	-470,277.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,935,102.
5	Net unrealized gains (losses) on investments	5	60,927.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,510,752.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,494,029.	17,344,498.	16,172,646.	14,478,694.	21,535,306.	80,025,173.
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.	10,494,029.	17,344,498.	16,172,646.	14,478,694.	21,535,306.	80,025,173.
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).						8,783,299.
6 Public support. Subtract line 5 from line 4						71,241,874.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	10,494,029.	17,344,498.	16,172,646.	14,478,694.	21,535,306.	80,025,173.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	147,648.	163,417.	181,096.	218,095.	202,958.	913,214.
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 VI.) . ATCH. 1	582,502.	678,167.	778,959.	908,060.	1,831,233.	4,778,921.
11 Total support. Add lines 7 through 10						85,717,308.
12 Gross receipts from related activities, etc. (see instructions)					12	236,740.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	83.11 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	84.82 %
16a 33 1/3% support test - 2018. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2017. 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 - 2018. 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 VI 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 - 2017. 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 VI 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 10 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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

 ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS REVENUE			35,269.	20,548.	105,811.	161,628.
ADMINISTRATIVE SERVICES	582,502.	678,167.	743,690.	887,512.	1,725,422.	4,617,293.
TOTALS	<u>582,502.</u>	<u>678,167.</u>	<u>778,959.</u>	<u>908,060.</u>	<u>1,831,233.</u>	<u>4,778,921.</u>

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CHILD MIND INSTITUTE, INC.**Employer identification number
80-0478843**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,726,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,335,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 515,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 449,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 695,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILD MIND INSTITUTE, INC.

Employer identification number

80-0478843

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CHILD MIND INSTITUTE, INC.

Employer identification number
80-0478843

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

CHILD MIND INSTITUTE, INC.

80-0478843

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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" on 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	2,095,523.	2,113,387.	2,017,895.	1,972,722.	2,000,000.
b Contributions					
c Net investment earnings, gains, and losses	53,911.	91,136.	203,492.	95,173.	-6,488.
d Grants or scholarships					
e Other expenditures for facilities and programs	110,000.	109,000.	108,000.	50,000.	20,790.
f Administrative expenses					
g End of year balance	2,039,434.	2,095,523.	2,113,387.	2,017,895.	1,972,722.

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 98.0300 %
- c** Temporarily restricted endowment 1.9700 %

The percentages on 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		5,328,021.	1,475,383.	3,852,638.
d Equipment		2,062,150.	1,431,287.	630,863.
e Other		371,390.	275,813.	95,577.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,579,078.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM CHILD MIND MEDICAL	
(2) PRACTICE, PLLC FOR	
(3) ADMINISTRATIVE SERVICES	
(4) (SEE SCHEDULE L PART V)	2,183,076.
(5) WEBSITE & SOFTWARE COSTS, NET	1,947.
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 2,185,023.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT LIABILITY	2,962,485.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,962,485.	

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	32,908,854.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 60,927.		
b	Donated services and use of facilities	2b 9,259,962.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	9,320,889.
3	Subtract line 2e from line 1		3	23,587,965.
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 33,194.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	33,194.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	23,621,159.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	33,333,204.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 9,259,962.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 15,000.		
e	Add lines 2a through 2d		2e	9,274,962.
3	Subtract line 2e from line 1		3	24,058,242.
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 33,194.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	33,194.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	24,091,436.

Part XIII Supplemental Information.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, QUESTION 4

ENDOWMENT:

CMI'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED FUND TO SUPPORT A RESEARCH SCIENTIST POSITION AT CMI.

PART X, QUESTION 2

UNCERTAIN TAX POSITIONS:

CMI IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF CMI'S GENERAL TAX-EXEMPT STATUS, ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON CMI'S FINANCIAL STATEMENTS.

SUBSEQUENT TO YEAR-END, THE PROVISION IN THE TAX CODE REQUIRING CMI TO REMIT A TAX ATTRIBUTABLE TO TRANSPORTATION FRINGE BENEFITS WAS REPEALED RETROACTIVELY TO DECEMBER 31, 2017, THEREFORE ELIMINATING CMI'S OBLIGATION FOR THIS TAX. CMI WILL FILE FOR A CLAIM OF REFUND FOR ANY TAXES PAID SUBSEQUENT TO DECEMBER 31, 2017 RELATING TO TRANSPORTATION FRINGE BENEFITS.

PART XI, LINE 2B

DURING FISCAL-YEAR 2019, CMI RECEIVED DONATED LEGAL AND MARKETING SERVICES TOTALING APPROXIMATELY \$173,000. DURING FISCAL-YEAR 2019, CMI ALSO RECEIVED APPROXIMATELY \$9,087,000 IN THE FORM OF DONATED PLACEMENTS OF PUBLIC-SERVICE ANNOUNCEMENTS ("PSAS"), IN VARIOUS FORMS OF MEDIA. THE PSAS SERVED TO COMMUNICATE CMI'S MISSION TO THE GENERAL PUBLIC.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D

CMI RESERVED \$15,000 OF CERTAIN CONTRIBUTIONS RECEIVABLE THAT WERE
DETERMINED TO BE UNCOLLECTIBLE FOR FISCAL-YEAR 2019.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest instructions.

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 EVENT ASSOCIATES, INC.	BENEFIT DINNER		X	6,994,288.	70,000.	6,924,288.
2 EVENT ASSOCIATES, INC.	SPRING LUNCHEON		X	325,253.		325,253.
3 EVENT ASSOCIATES, INC.	2018 FALL PALO ALTO		X	235,388.	6,500.	228,888.
4 COMMUNITY COUNSELLING SER	FUNDRAISING COUNSEL		X		100,327.	
5 EVENT ASSOCIATES, INC.	2019 FALL PALO ALTO		X	721,164.	6,500.	714,664.
6						
7						
8						
9						
10						
Total				8,276,093.	183,327.	8,193,093.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		BENEFIT DINNER (event type)	SPRING LUNCHEO (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	6,994,288.	325,253.	956,552.	8,276,093.
	2 Less: Contributions	6,766,682.	278,221.	870,405.	7,915,308.
	3 Gross income (line 1 minus line 2)	227,606.	47,032.	86,147.	360,785.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	227,606.		7,848.	235,454.
	7 Food and beverages		47,032.	78,299.	125,331.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				360,785.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on 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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

- 11 Does the organization conduct 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 conducted 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 ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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 provide any additional information (see instructions).

PROFESSIONAL FUNDRAISER

THE AMOUNT PAID TO THE PROFESSIONAL FUNDRAISER, EVENT ASSOCIATES, INC.,

REPRESENTS FEES PAID FOR THE PLANNING OF CMI'S NOVEMBER 2019 ANNUAL

BENEFIT DINNER, THE 2018 FALL AND 2019 FALL PALO ALTO LUNCHEON.

- 11 Does the organization conduct 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 conducted 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 ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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 provide any additional information (see instructions).

IN JULY 2019, CMI CONTRACTED WITH EVENT ASSOCIATES, INC. FOR THE NOVEMBER 2019 ANNUAL BENEFIT DINNER, AND A \$70,000 DEPOSIT TOWARDS THAT CONTRACT WAS PAID TO EVENT ASSOCIATES, INC. IN FY 2019. CMI PAID \$13,000 TO EVENT ASSOCIATES, INC. FOR THE 2018 FALL AND 2019 FALL PALO ALTO LUNCHEON.

- 11 Does the organization conduct 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 conducted 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 ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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 provide any additional information (see instructions).

THE AMOUNT PAID TO THE PROFESSIONAL FUNDRAISING COUNSEL, COMMUNITY COUNSELLING SERVICE CO., LLC ("CCS"), REPRESENTS FEES PAID TO PROVIDE FUNDRAISING COUNSEL, INCLUDING ON OUR MAJOR GIFT CAMPAIGN. THE TOTAL AMOUNT PAID TO CCS IN FY 2019 WAS \$100,327.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CHILD MIND INSTITUTE, INC.

Employer identification number

80-0478843

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 ▶

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 FINANCIAL AID PROGRAM, SEE PART IV	52.	700,569.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART III, LINE 1A

CMI CONTRIBUTES TO 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 MIDDLE-INCOME FAMILIES WHO FACE OTHER FINANCIAL STRAINS. IN FY 2019, CMI CONTRIBUTED \$700,569 TO THE FINANCIAL AID PROGRAM, BENEFITING 300 PATIENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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 on 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 (such as maid, chauffeur, chef) |

b If any of the boxes on 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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 checked="" 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 on 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2018

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR HAROLD KOPELWICZ PRESIDENT	(i)	623,638.	500,000.	0.	10,000.	9,187.	1,142,825.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ELIZABETH PLANET EXECUTIVE DIR	(i)	349,433.	0.	0.	10,000.	0.	359,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DR. MICHAEL MILHAM DIR OF CENTER FOR DEVEL. BRAIN	(i)	229,951.	0.	0.	10,000.	0.	239,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 BRETT DAKIN GENERAL COUNSEL	(i)	229,636.	0.	0.	10,000.	6,288.	245,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DAVID RIVERA-GARCIA DIR FIN & ADMN (THRU JUL 2019)	(i)	221,575.	0.	0.	8,655.	6,288.	236,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DWAYNE FLINCHUM DIR. OF MARKETING AND COMM.	(i)	191,823.	0.	0.	0.	0.	191,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SARAH BURKE DIRECTOR OF DEVELOPMENT	(i)	165,824.	0.	0.	9,633.	6,284.	181,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ARNO KLEIN DIRECTOR OF INNOVATION TECHNOL	(i)	162,427.	0.	0.	7,666.	0.	170,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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.

SCHEDULE J, PART I, LINE 3

CMI'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION REVIEW POLICY, WHICH IT FOLLOWS WHEN APPROVING THE COMPENSATION AND BENEFITS OF THE PRESIDENT. THE PRESIDENT'S COMPENSATION IS REVIEWED EVERY TWO YEARS BY AN INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW SIMILAR POSITIONS IN COMPARABLE NON-PROFIT ORGANIZATIONS. EACH YEAR, THE COMPENSATION COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH IS COMPOSED OF NON-INTERESTED MEMBERS, REVIEWS THE INDEPENDENT CONSULTANT'S REPORT, INCLUDING APPROPRIATE COMPARABILITY DATA, AND MAKES A DETERMINATION ABOUT THE PRESIDENT'S ANNUAL COMPENSATION BASED ON ALL RELEVANT FACTORS, ENSURING THAT THE COMPENSATION IS REASONABLE. THE COMMITTEE REVIEWS THE PRESIDENT'S TOTAL COMPENSATION, WHICH INCLUDES BOTH CURRENT COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE COMMITTEE'S MINUTES AND RETAINED IN CMI'S RECORDS.

Part III Supplemental Information

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.

SCHEDULE J, PART I, LINE 7

THE COMPENSATION OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 IS REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR (OR THE PRESIDENT, IN THE CASE OF THE EXECUTIVE DIRECTOR) WITH THE ASSISTANCE OF STAFF, IN CONJUNCTION WITH THE INDIVIDUAL'S PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT THE COMPENSATION IS REASONABLE.

EVERY TWO YEARS, CMI ENGAGES AN INDEPENDENT CONSULTANT TO CONDUCT A REVIEW OF THE ORGANIZATION'S PAY PRACTICES AND TO ESTABLISH SALARY RANGES FOR ALL POSITIONS BASED ON COMPARABILITY DATA. GENERALLY, THE MIDPOINT OF CMI'S SALARY RANGES FALLS WITHIN THE SALARY RANGE AVERAGES OF COMPARABLE NON-PROFIT ORGANIZATIONS. PERFORMANCE REVIEWS ARE THEN USED TO ESTABLISH AN INDIVIDUAL EMPLOYEE'S COMPENSATION WITHIN THE APPROPRIATE SALARY RANGE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
CHILD MIND INSTITUTE, INC.

Employer identification number
80-0478843

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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		SEE PART V		X
(2) CHILD MIND MEDICAL PRACTICE, PC	SEE PART V		SEE PART V		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

(A) INTERESTED PERSON: DR. HAROLD KOPLIEWICZ

(B) ENTITIES: CHILD MIND MEDICAL PRACTICE, PLLC (THE "NY PRACTICE") AND CHILD MIND MEDICAL PRACTICE, PC (THE "CA PRACTICE")

(C) RELATIONSHIP: DR. HAROLD KOPLIEWICZ, PRESIDENT OF CHILD MIND INSTITUTE, INC. ("CMI"), IS ALSO A MEMBER OF THE NY PRACTICE AND THE SOLE SHAREHOLDER OF THE CA PRACTICE. BOTH THE NY PRACTICE AND CA PRACTICE WERE FORMED TO PROVIDE CLINICAL CARE AND TREATMENT TO CHILDREN AND ADOLESCENTS AND TO PERFORM CERTAIN ACTIVITIES RELATED TO CMI'S RESEARCH, WHICH UNDER APPLICABLE STATE LAW CMI IS NOT PERMITTED TO PERFORM AND WHICH ARE CRITICAL TO CMI'S MISSION TO TRANSFORM THE LIVES OF CHILDREN AND FAMILIES STRUGGLING WITH MENTAL HEALTH AND LEARNING DISORDERS.

(D) TRANSACTIONS:

(1) FORMATION. UNDER APPLICABLE STATE 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 NEW YORK NOT-FOR-PROFIT CORPORATION, IS THEREFORE NOT PERMITTED TO HOLD AN OWNERSHIP INTEREST IN THE NY PRACTICE OR THE CA PRACTICE. IN FURTHERANCE OF CMI'S MISSION, TO PROTECT CMI'S INTERESTS, TO SUPPORT CLINICAL AND

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

RESEARCH ACTIVITIES CONDUCTED BY THE PRACTICES, AND TO COMPLY WITH THE FOREGOING OWNERSHIP REQUIREMENT, DR. KOPLIEWICZ, A PHYSICIAN LICENSED IN NEW YORK AND CALIFORNIA, IS THE CONTROLLING MEMBER OF THE NY PRACTICE AND THE SOLE SHAREHOLDER OF THE CA PRACTICE.

(X) THE MEMBERSHIP INTERESTS IN THE NY PRACTICE HAVE BEEN STRUCTURED SO THAT NO MEMBER CAN RECEIVE, OR OTHERWISE REALIZE, ANY ECONOMIC BENEFIT FROM HOLDING THESE MEMBERSHIP INTERESTS OR FROM THE SALE OR OTHER DISPOSITION THEREOF. THE MEMBERS HAVE ENTERED INTO A BUY-SELL AGREEMENT WITH THE NY PRACTICE PURSUANT TO WHICH THEY HAVE AGREED NOT TO SELL THEIR INTERESTS TO ANY PARTY OTHER THAN THE NY PRACTICE, WHICH MAY RE-PURCHASE THEIR INTERESTS FOR AN AMOUNT NOT TO EXCEED THE NOMINAL AMOUNT THAT THE MEMBERS PAID TO ACQUIRE THEM. FURTHER, THE NY PRACTICE'S ARTICLES OF ORGANIZATION PROVIDE THAT THE NY PRACTICE IS TO BE OPERATED SOLELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES IN FURTHERANCE AND SUPPORT OF CMI'S MISSION TO THE EXTENT NOT INCONSISTENT WITH RELEVANT NEW YORK LAW. NONE OF THE NY PRACTICE'S ASSETS, NET EARNINGS, INCOME OR PROFIT MAY BE DISTRIBUTED TO ANY MEMBER, MANAGER, OFFICER OR EMPLOYEE OF THE PRACTICE OR OTHER PRIVATE PERSON, AND IF THE NY PRACTICE IS EVER

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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. CMI, THE NY PRACTICE, AND ITS MEMBERS HAVE ALSO ENTERED INTO AN AFFILIATION AGREEMENT PROVIDING THAT THE MEMBERS HOLD THEIR INTERESTS IN THE NY PRACTICE SOLELY FOR THE BENEFIT OF CMI AND CMI HAS THE RIGHT, IN ITS SOLE DISCRETION, TO FORCE THE TRANSFER OF A MEMBER'S INTERESTS IN THE NY PRACTICE TO ANOTHER LICENSED PHYSICIAN.

(Y) THE SHARES IN THE CA PRACTICE ARE RESTRICTED BY A STOCK TRANSFER RESTRICTION AGREEMENT ENTERED INTO BY CMI, THE CA PRACTICE, AND THE SOLE SHAREHOLDER PURSUANT TO WHICH CMI MUST APPROVE ANY DISPOSAL OR DISTRIBUTION OF ANY SHARES IN THE CA PRACTICE AND MAY TRANSFER ANY SUCH SHARES TO A DESIGNATED TRANSFEREE.

(2) RESTRICTED GRANT AGREEMENTS. TO FACILITATE THE FORMATION OF BOTH THE NY PRACTICE AND THE CA PRACTICE AND THE CONDUCT BY THE PRACTICES OF CLINICAL AND RESEARCH ACTIVITIES THAT FURTHER CMI'S MISSION, CMI ENTERED INTO RESTRICTED GRANT AGREEMENTS WITH EACH OF PRACTICES PURSUANT TO WHICH CMI AGREED TO MAKE SPECIAL PURPOSE RESTRICTED GRANTS TO THE PRACTICES UP

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

TO THE AGGREGATE AMOUNT OF \$1,750,000 AND \$5,000,000, RESPECTIVELY. THE RESTRICTED GRANT AGREEMENTS PROVIDE, AMONG OTHER THINGS, THAT: (X) THE PRACTICES ARE REQUIRED TO OPERATE IN A MANNER THAT IS, AND LIMITS ITS ACTIVITIES TO THOSE THAT ARE, CONSISTENT WITH AND FURTHER THE MISSION OF CMI; (Y) THE GRANTS MUST BE USED BY THE PRACTICES EXCLUSIVELY IN CONNECTION WITH THE CONDUCT OF ACTIVITIES THAT FURTHER AND SUPPORT CMI'S MISSION; AND (Z) THE PRACTICES MUST OBSERVE VARIOUS REPORTING, BUDGETARY AND OTHER FINANCIAL REQUIREMENTS AND ENGAGE AUDITORS ACCEPTABLE TO CMI. IF THE PRACTICES FAIL TO OBSERVE THE REQUIREMENTS OF THE RESTRICTED GRANT AGREEMENTS, THE AGREEMENTS MAY BE TERMINATED, IN WHICH CASE UNSPENT FUNDS MUST BE RETURNED TO CMI AND DAMAGES MAY BE DUE.

(3) SERVICES AGREEMENTS. PURSUANT TO AN ADMINISTRATIVE SERVICES AGREEMENT BETWEEN CMI AND THE NY PRACTICE AND A MANAGEMENT SERVICES AGREEMENT BETWEEN CMI AND THE CA PRACTICE, CMI PROVIDES CERTAIN SERVICES TO THE PRACTICES FOR WHICH THE PRACTICES COMPENSATE CMI. CONSISTENT WITH CMI'S INTERNAL POLICIES AND PROCEDURES, THIS COMPENSATION IS BASED ON THE FAIR MARKET VALUE OF THE SERVICES, DETERMINED ACCORDING TO AN ARM'S LENGTH PROCESS WITH GUIDANCE FROM EXTERNAL INDEPENDENT ADVISORS. THE

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

PRACTICES' PAYMENT OBLIGATIONS TO CMI FOR SERVICES PROVIDED UNDER THESE SERVICES AGREEMENTS IS CURRENTLY REFLECTED AS A RECEIVABLE ON CMI'S FINANCIAL STATEMENTS IN THE AMOUNT OF \$2,183,076 AS REFLECTED IN PART X OF THIS FORM 990.

(4) LICENSE AGREEMENTS. PURSUANT TO LICENSE AGREEMENTS BETWEEN CMI AND EACH OF THE NY PRACTICE AND THE CA PRACTICE, CMI GRANTED A ROYALTY-FREE LICENSE TO USE CERTAIN OF ITS TRADEMARKS AND DOMAIN NAMES TO THE PRACTICES SUBJECT TO CERTAIN TERMS AND CONDITIONS, INCLUDING CMI'S RIGHT TO TERMINATE THE LICENSE AGREEMENTS IN THE EVENT OF THE BREACH OF THE TERMS AND CONDITIONS OF THE RESTRICTED GRANT AGREEMENTS.

(5) GRANT SERVICES AGREEMENTS. PURSUANT TO GRANT SERVICES AGREEMENTS BETWEEN CMI AND EACH OF THE NY PRACTICE AND THE CA PRACTICE, CMI ENGAGES THE PRACTICES TO PROVIDE CERTAIN SERVICES REQUIRED BY CONTRIBUTIONS OR GRANTS THAT CMI HAS RECEIVED AND WHICH CMI IS UNABLE TO PROVIDE. CMI DISCLOSES TO ITS DONORS AND GRANTORS THAT SERVICES WILL BE SUB-CONTRACTED TO THE PRACTICES TO SATISFY THE REQUIREMENTS OF THE DONATION OR GRANT. DURING FY 2019, AMOUNTS PAID TO PRACTICES PURSUANT TO THE GRANT SERVICES AGREEMENT IN PERFORMANCE OF THESE REQUIREMENTS

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

AMOUNTED TO \$2,721,165, INCLUDED UNDER SUB-CONTRACTOR EXPENSES IN PART IX OF THIS FORM 990.

(E) BOARD OVERSIGHT OF RELATIONSHIP AND TRANSACTIONS:

AS NOTED ABOVE, DR. KOPEWICZ IS THE PRESIDENT OF CMI, A MEMBER OF THE NY PRACTICE AND THE SOLE SHAREHOLDER OF THE CA PRACTICE. ACCORDINGLY, THE TRANSACTIONS AMONG CMI, THE NY PRACTICE AND THE CA PRACTICE, INCLUDING THE AGREEMENTS DESCRIBED ABOVE, WERE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OF CMI. FURTHERMORE, THE AUDIT & FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF CMI OVERSEES THE ONGOING RELATIONSHIP AMONG CMI, THE NY PRACTICE AND THE CA PRACTICE IN ACCORDANCE WITH CMI'S CONFLICT OF INTEREST AND DISCLOSURE POLICY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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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	12 .	768,036 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) 2018

JSA

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Part II **Supplemental Information.** 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.

FORM 990, SCHEDULE M, LINE 32A

CMI RECEIVES DONATED SECURITIES WHICH IN TURN ARE CONVERTED TO CASH
PROCEEDS FROM SALES OF DONATED SECURITIES THROUGH AN UNRELATED
INTERMEDIARY ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILD MIND INSTITUTE, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

80-0478843

FORM 990, PART III, LINE 1

CMI'S MISSION:

WE ARE AN INDEPENDENT NONPROFIT DEDICATED TO TRANSFORMING THE LIVES OF CHILDREN AND FAMILIES STRUGGLING WITH MENTAL HEALTH AND LEARNING DISORDERS. OUR TEAMS WORK EVERY DAY TO DELIVER THE HIGHEST STANDARDS OF CARE, ADVANCE THE SCIENCE OF THE DEVELOPING BRAIN, AND EMPOWER PARENTS, PROFESSIONALS, AND POLICYMAKERS TO SUPPORT CHILDREN WHEN AND WHERE THEY NEED IT MOST. TOGETHER WITH OUR SUPPORTERS, WE ARE HELPING CHILDREN REACH THEIR FULL POTENTIAL IN SCHOOL AND IN LIFE.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE, PUBLIC EDUCATION AND OUTREACH:

CMI 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 - CMI'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. 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 TOOLS LIKE FACEBOOK AND TWITTER TO SPREAD THE WORD.

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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#MYOUNGERSELF - #MYOUNGERSELF IS OUR ANNUAL SOCIAL MEDIA AWARENESS CAMPAIGN TO FIGHT THE STIGMA THAT PREVENTS KIDS AND FAMILIES FROM SEEKING LIFE-CHANGING TREATMENT. BY ENGAGING A BROAD COALITION OF PARTNERS AND CELEBRITY PARTICIPANTS, THE CAMPAIGN SPARKS THE NATIONAL ATTENTION THAT CHILDREN'S MENTAL HEALTH DESERVES. IN FY 2019, #MYOUNGERSELF REACHED MILLIONS WITH MESSAGES OF HOPE ABOUT GROWING UP WITH A MENTAL HEALTH OR LEARNING DISORDER.

ADAM JEFFREY KATZ MEMORIAL CONVERSATION - THIS ANNUAL DISCUSSION WITH A PUBLIC FIGURE ABOUT SUCCEEDING WITH A MENTAL HEALTH OR LEARNING DISORDER IS DESIGNED TO RAISE AWARENESS AND EDUCATE THE PUBLIC. THE CONVERSATION WAS LAUNCHED IN 2003 AS A LIVING MEMORIAL TO ADAM KATZ, WHO STRUGGLED WITH ADHD AND DYSLEXIA. IN FY 2019 THE CONVERSATION FEATURED INVESTOR CHARLES SCHWAB.

ON THE SHOULDERS OF GIANTS - EACH YEAR, CMI'S 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 CHILDREN'S 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.

STUDENT ART PROJECT - EACH YEAR, CMI INVITES LOCAL PUBLIC AND INDEPENDENT SCHOOLS TO PARTICIPATE IN OUR GALLERY PROGRAM DEDICATED TO DISPLAYING WORKS OF ART CREATED BY STUDENT ARTISTS.

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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PARENT AND EDUCATOR WORKSHOPS ON CLINICAL TOPICS - THE PARENT AND EDUCATOR WORKSHOPS COVER A RANGE OF ISSUES AFFECTING CHILDREN, INCLUDING SELECTIVE MUTISM, ADHD, OBSESSIVE-COMPULSIVE DISORDER, 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 CHILDREN WITH THESE DISORDERS AND HELP THEM THRIVE.

STUDENT SUCCESS PROGRAM - SINCE 2012, OUR STUDENT SUCCESS PROGRAM HAS REACHED MORE THAN 30,000 STUDENTS, PARENTS AND EDUCATORS IN NEW YORK CITY, BALTIMORE, WASHINGTON D.C., AND NEWARK. BETWEEN AUGUST 2018 AND MAY 2019, 258 STUDENTS RECEIVED TREATMENT, 4,261 STUDENTS PARTICIPATED IN RESILIENCE-BUILDING INTERACTIVE WORKSHOPS, 705 PARENTS AND CAREGIVERS PARTICIPATED IN WORKSHOPS ON MENTAL HEALTH TOPICS, AND 5,295 EDUCATORS RECEIVED STAFF PROFESSIONAL DEVELOPMENT. BETWEEN FEBRUARY AND MAY, WE DEVELOPED PARTNERSHIPS IN THE SAN FRANCISCO BAY AREA IN ADVANCE OF OUR OFFICE OPENING, INSPIRED BALTIMORE MENTAL HEALTH PROVIDERS TO PUSH FOR EXPANSION OF OUR TRAUMA-INFORMED TRAININGS, AND HELPED DEVELOP A NETWORK OF SCHOOL-BASED SERVICES IN WASHINGTON, D.C.

PROJECT UROK - PROJECT UROK IS AN INITIATIVE OF CMI WITH ONE SIMPLE GOAL: DE-STIGMATIZATION THROUGH STORYTELLING. THROUGH PROJECT UROK WE SHARE FUNNY, MEANINGFUL VIDEOS FOR TEENAGERS STRUGGLING WITH MENTAL HEALTH ISSUES, MADE BY PEOPLE WHO HAVE BEEN THERE BEFORE, AND PROVIDE CONTENT

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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THAT ENGAGES AND SUPPORTS THOSE WHO NEED IT MOST.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE, SCIENCE AND INNOVATION:

CMI HAS A SCIENCE AND INNOVATION MISSION THAT STRIVES TO CREATE A WORLD WHERE EVERY CHILD HAS ACCESS TO MENTAL HEALTH CARE THAT IS EFFICIENT, EFFECTIVE, AND PERSONALIZED. TIMELY, ACCURATE DIAGNOSES AND EFFICIENT INTERVENTIONS ARE CENTRAL TO THE CMI VISION. AS SUCH, OUR MISSION IS TO ACCELERATE THE PACE OF SCIENTIFIC INNOVATION AND DISCOVERY IN CHILDREN'S MENTAL HEALTH AND LEARNING. WE ARE COMMITTED TO DEMOCRATIZING INQUIRY BY MAKING TOOLS AND DATA FREELY AVAILABLE TO THE GLOBAL SCIENTIFIC COMMUNITY. THIS HELPS TO FOSTER COLLABORATIONS THAT CAN TEST, IMPROVE UPON, AND ADOPT INNOVATIVE OPEN SOLUTIONS FOR THE BENEFIT OF EVERY CHILD.

CENTER FOR THE DEVELOPING BRAIN - PSYCHIATRIC DIAGNOSIS IS LIMITED BY A LACK OF OBJECTIVE TOOLS FOR ASSESSING SYMPTOMS AND BEHAVIORS. THE CENTER LEADS A MULTIDISCIPLINARY EFFORT TO REDEFINE DIAGNOSIS BASED ON UNDERLYING NEUROBIOLOGY, LEADING TO THE DEVELOPMENT OF BETTER DIAGNOSTIC TOOLS. WE USE ADVANCED EXPERIMENTAL AND ANALYTICAL TECHNIQUES TO DETERMINE HOW BRAIN FUNCTION AND STRUCTURE DIFFER AMONG INDIVIDUALS AND ARE IMPACTED BY MENTAL ILLNESS ACROSS DEVELOPMENT. CENTRAL TO OUR OPEN SCIENCE AGENDA, THE CENTER HOUSES THE INTERNATIONAL NEUROIMAGING DATA-SHARING INITIATIVE (INDI), WHICH HAS SERVED AS A FLAGSHIP FOR OPEN SCIENCE IN THE BRAIN IMAGING COMMUNITY AND LED TO THE GENERATION OF MORE THAN 1000 PUBLICATIONS BY AUTHORS AROUND THE WORLD.

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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COMPUTATIONAL NEUROIMAGING LABORATORY. ACCELERATING THE PACE OF SCIENTIFIC DISCOVERY REQUIRES SIGNIFICANT INNOVATION IN THE ANALYSIS METHODS EMPLOYED BY SCIENTISTS. THE LABORATORY IS BUILDING THE INFRASTRUCTURE NECESSARY BY PROVIDING HIGH QUALITY, SCALABLE, AND REPRODUCIBLE TURNKEY SOLUTIONS TO COMPUTATIONAL CHALLENGES IN IMAGE PROCESSING AND ANALYSIS. WIDESPREAD ACCESS WILL ENABLE SCIENTISTS EVERYWHERE TO DEPLOY LARGE-SCALE ANALYSES WITHOUT EXTENSIVE EXPERTISE. ALL SOFTWARE GENERATED IS OPENLY SHARED THROUGHOUT THE DEVELOPMENT CYCLE.

HEALTHY BRAIN NETWORK - THE HEALTHY BRAIN NETWORK (HBN) IS AN INNOVATIVE NEUROSCIENCE RESEARCH PROGRAM AIMED AT BUILDING THE LARGEST, MOST COMPREHENSIVE DATA RESOURCE FOCUSED EXCLUSIVELY ON CHILDREN AND ADOLESCENTS AND SHARING THE DATA WITH SCIENTISTS GLOBALLY. THROUGH A PROVEN BIG DATA AND OPEN SCIENCE PARADIGM, WE EXPECT THAT THIS INITIATIVE WILL SPUR THE DISCOVERY OF BRAIN-BASED BIOMARKERS OF PSYCHIATRIC AND LEARNING DISORDERS. CMI EXPECTS THAT THE RESEARCH WILL LEAD TO THE DEVELOPMENT OF OBJECTIVE CLINICAL TOOLS FOR MENTAL HEALTH PRACTITIONERS TO PROVIDE MORE ACCURATE DIAGNOSES AND TREATMENT PROTOCOLS FOR STRUGGLING CHILDREN. MORE THAN 4,000 CHILDREN AND ADOLESCENTS (AGES 5-21) HAVE ENROLLED IN HBN, AND MORE THAN 150 INSTITUTIONS AROUND THE WORLD ARE ACTIVELY USING THE HBN BIOBANK FOR THE PURPOSES OF ADVANCING THEIR RESEARCH.

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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SCIENTIFIC RESEARCH COUNCIL - SELECTED FROM AMONG THE NATION'S TOP CHILDREN'S MENTAL HEALTH SCIENTISTS, THE SCIENTIFIC RESEARCH COUNCIL BRINGS TOGETHER SCIENTISTS AND RESEARCH CLINICIANS TO CREATE A GLOBAL INCUBATOR FOR COLLABORATIVE RESEARCH IN CHILDREN'S MENTAL HEALTH. FUNCTIONING AS A MULTI-INSTITUTIONAL SCIENTIFIC THINK-TANK, THE COUNCIL INCLUDES DISTINGUISHED SCIENTISTS IN THE FIELDS OF CHILD AND ADOLESCENT PSYCHIATRY, PSYCHOLOGY, NEUROSCIENCE, AND NEUROLOGY, AND EXPERTS IN ANXIETY AND MOOD DISORDERS, ADHD, AUTISM SPECTRUM DISORDERS, AND EATING DISORDERS.

MATTER LAB - THE MATTER ("MENTAL ASSISTIVE TECHNOLOGIES FOR THERAPY, EDUCATION, AND RESEARCH") LAB IS DEVELOPING WEARABLE TECHNOLOGIES AND MOBILE APPS THAT HELP GATHER REAL-WORLD DATA USEFUL FOR SCIENTISTS STUDYING MENTAL HEALTH DISORDERS, AND CREATING ROBUST RESEARCH PROTOCOLS SO DATA IS OF HIGH QUALITY AND DEPENDABLE. THIS DATA ON ENVIRONMENTAL STRESSORS, MOVEMENT AND BEHAVIOR TRACKING CAN POTENTIALLY BE USED TO ALERT YOUNG PEOPLE AND FAMILIES TO THE ONSET OF SYMPTOMATIC BEHAVIORS. THE LAB IS ALSO WORKING ON A DATABASE THAT EVALUATES THE RESEARCH SUPPORT FOR APPS AND MATCHES THEM TO THE BEHAVIORS AND SYMPTOMS THEY CAN HELP. THE HOPE IS THAT LARGE-SCALE, STANDARDIZED DATA-COLLECTION AND ANALYSIS WILL LEAD TO SIMPLE BUT POWERFUL MOBILE TOOLS FOR DIAGNOSIS AND EVALUATION.

AUTISM CENTER - THE AUTISM CENTER IS AN INTEGRATED RESEARCH LAB FOCUSED

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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ON UNDERSTANDING THE NEUROBIOLOGY OF AUTISM SPECTRUM DISORDER USING BRAIN IMAGING AND A RANGE OF OTHER CLINICAL AND COGNITIVE APPROACHES. A SPECIFIC GOAL OF THE CENTER IS DETECTING AUTISM-RELATED DIFFERENCES IN BRAIN CONNECTIVITY THAT EMERGE IN EARLY CHILDHOOD, WITH THE GOAL OF IDENTIFYING OBJECTIVE BIOLOGICAL MARKERS THAT CAN ONE DAY BE USED TO IMPROVE EARLY INTERVENTION EFFORTS AND THE SELECTION OF TREATMENTS. CONSISTENT WITH OUR OPEN SCIENCE PHILOSOPHY, THE CENTER HOUSES THE AUTISM BRAIN IMAGING DATA EXCHANGE, WHICH REPRESENTS THE LARGEST OPEN REPOSITORY FOR AUTISM BRAIN IMAGING DATA IN THE WORLD (DATA FROM 2,000 PARTICIPANTS, HALF OF WHOM HAVE BEEN DIAGNOSED WITH AUTISM).

FORM 990, PART III, LINE 4C

PROGRAM SERVICE, ACCESS TO CLINICAL CARE:

CMI AIMS TO HELP CHILDREN, TEENS, AND FAMILIES ACCESS THE CLINICAL CARE THEY NEED TO LIVE HEALTHY, FULFILLING LIVES.

FINANCIAL AID PROGRAM - CMI LAUNCHED ITS FINANCIAL AID PROGRAM IN AN EFFORT TO HELP CHILDREN AND FAMILIES RECEIVE CARE AND TREATMENT, REGARDLESS OF ECONOMIC STANDING, FROM OUR CLINICIANS. THE FINANCIAL AID PROGRAM OFFERS ELIGIBLE FAMILIES A FEE DISCOUNT OF UP TO 60% OF THE COST OF SERVICES. IT IS DESIGNED IN A WAY THAT ALLOWS PATIENTS FROM LOW-INCOME FAMILIES TO QUALIFY, WHILE ALSO ACCOMMODATING MIDDLE-INCOME FAMILIES WHO FACE OTHER FINANCIAL STRAINS. SINCE 2011, CMI HAS RAISED A CUMULATIVE TOTAL OF \$5,788,001 FOR THE FINANCIAL AID PROGRAM.

FORM 990, PART V, LINE 15 AND PART VII LINE 33

ALTHOUGH THIS EMPLOYEE RECEIVED COMPENSATION ON THEIR 2018 W-2 IN EXCESS

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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OF \$1,000,000, THEY DID NOT MEET THE CRITERIA UNDER SECTION 4960 DUE TO THE FACT THAT THEIR W-2 COMPENSATION EARNED DURING THE PERIOD 10/01/18 THROUGH 12/31/18 WAS \$194,767. PER IRS NOTICE 2019-09 FOR FISCAL YEAR SEPTEMBER 31,2019 TAX PAYERS, THE SECTION 4960 TAX RELATES TO THE 10/1/18 THROUGH 12/31/18 PORTION OF THE FISCAL YEAR.

FORM 990, PART VI, SECTION A, LINE 2

FAMILY RELATIONSHIPS:

PHYLLIS GREEN AND RANDOLPH COWEN ARE HUSBAND AND WIFE

ELIZABETH AND MICHAEL FASCITELLI ARE HUSBAND AND WIFE

AMY AND JOHN PHELAN ARE HUSBAND AND WIFE

CHRISTINE AND RICHARD MACK ARE HUSBAND AND WIFE

BROOKE GARBER NEIDICH AND DANIEL NEIDICH ARE HUSBAND AND WIFE

PREETHI KRISHNA AND RAM SUNDARAM ARE HUSBAND AND WIFE

JORDAN SCHAPS IS THE SON OF LINDA SCHAPS

ZIBBY SCHWARZMAN OWENS IS THE STEP-DAUGHTER OF HOWARD KATZ

FORM 990, PART VI, SECTION B, LINE 11B

REVIEW OF FORM 990:

CMI'S FORM 990 IS PREPARED BY CMI FINANCE STAFF. THE DRAFT FORM 990 IS THEN REVIEWED BY CMI'S GENERAL COUNSEL AND BY EXTERNAL INDEPENDENT LEGAL COUNSEL. PRIOR TO FILING THE FORM 990 WITH THE IRS, A COPY OF THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF CMI'S BOARD OF DIRECTORS FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY:

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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CMI'S CONFLICT OF INTEREST AND DISCLOSURE POLICY REQUIRES DIRECTORS AND OFFICERS TO DISCLOSE POTENTIAL AND ACTUAL CONFLICTS AND TO RECUSE THEMSELVES FROM DELIBERATIONS AND VOTES ON MATTERS THAT INVOLVE A CONFLICT. CMI OBTAINS A SIGNED CONFLICT OF INTEREST DISCLOSURE FORM FROM EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A

CMI'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION REVIEW POLICY, WHICH IT FOLLOWS WHEN APPROVING THE COMPENSATION AND BENEFITS OF THE PRESIDENT. THE PRESIDENT'S COMPENSATION IS REVIEWED EVERY TWO YEARS BY AN INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW SIMILAR POSITIONS IN COMPARABLE NON-PROFIT ORGANIZATIONS. EACH YEAR, THE COMPENSATION COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH IS COMPOSED OF NON-INTERESTED MEMBERS, REVIEWS THE INDEPENDENT CONSULTANT'S REPORT, INCLUDING APPROPRIATE COMPARABILITY DATA, AND MAKES A DETERMINATION ABOUT THE PRESIDENT'S ANNUAL COMPENSATION BASED ON ALL RELEVANT FACTORS, ENSURING THAT THE COMPENSATION IS REASONABLE. THE COMMITTEE REVIEWS THE PRESIDENT'S TOTAL COMPENSATION, WHICH INCLUDES BOTH CURRENT COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE COMMITTEE'S MINUTES AND RETAINED IN CMI'S RECORDS.

FORM 990, PART VI, SECTION B, LINE 15B

THE COMPENSATION OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 IS REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR (OR THE PRESIDENT, IN THE CASE OF THE EXECUTIVE DIRECTOR) WITH THE ASSISTANCE OF STAFF IN

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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CONJUNCTION WITH THE INDIVIDUAL'S PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT THE COMPENSATION IS REASONABLE. EVERY TWO YEARS, CMI ENGAGES AN INDEPENDENT CONSULTANT TO CONDUCT A REVIEW OF CMI'S PAY PRACTICES AND TO ESTABLISH SALARY RANGES FOR ALL POSITIONS BASED ON COMPARABILITY DATA. GENERALLY, THE MIDPOINT OF CMI'S SALARY RANGES FALLS WITHIN THE SALARY RANGE AVERAGES OF COMPARABLE NON-PROFIT ORGANIZATIONS. PERFORMANCE REVIEWS ARE THEN USED TO ESTABLISH AN INDIVIDUAL EMPLOYEE'S COMPENSATION WITHIN THE APPROPRIATE SALARY RANGE.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF ORGANIZATIONAL DOCUMENTS:

CMI'S ANNUAL REPORTS, FORMS 990 AND 990-T, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEB SITE. THESE DOCUMENTS, AS WELL AS CMI'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST AND DISCLOSURE POLICY, ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

CMI RESERVED \$15,000 OF CERTAIN CONTRIBUTIONS RECEIVABLE THAT WERE DETERMINED TO BE UNCOLLECTIBLE FOR FISCAL-YEAR 2019.

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 80-0478843
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ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NELSON WORLDWIDE HOLDINGS PO BOX 822680 PHILADELPHIA, PA 19182	CONSTRUCTION SRVCS	296,692.
CITIGROUP BIOMEDICAL IMAGING CENTER 1300 YORK AVENUE NEW YORK, NY 10065	MRI SCANNING	294,325.
CIPRIANI USA 110 EAST 42ND STREET NEW YORK, NY 10017	EVENTS	204,856.
RUBENSTEIN ASSOCIATES, INC. 825 EIGHTH AVENUE NEW YORK, NY 10019	COMMUNICATIONS	180,018.
RUTGERS, THE STATE UNIVERSITY OF NJ 197 UNIVERSITY AVE NEWARK, NJ 07102	MRI SCANNING	157,600.