

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Form **990**

Department of the Treasury  
Internal Revenue Service

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

▶ 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](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning 10/01, 2014, and ending 09/30, 2015

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>CHILD MIND INSTITUTE, INC.</b>	<b>D</b> Employer identification number 80-0478843
<input type="checkbox"/> Address change	Doing Business As	<b>E</b> Telephone number (212) 308-3118
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 445 PARK AVENUE	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022	<b>G</b> Gross receipts \$ 20,679,257.
<input type="checkbox"/> Terminated	<b>F</b> Name and address of principal officer: DR. HAROLD KOPLEWICZ MD 445 PARK AVENUE NEW YORK, NY 10022	
<input type="checkbox"/> Amended return	<b>I</b> 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	<b>H(a)</b> Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>J</b> Website: WWW.CHILDMIND.ORG	<b>H(b)</b> Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶
<b>L</b> Year of formation: 2009		<b>M</b> State of legal domicile: NY

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>WE ARE DEDICATED TO TRANSFORMING THE LIVES OF CHILDREN STRUGGLING WITH MENTAL HEALTH AND LEARNING DISORDERS.</u>	
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 31.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 31.
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 67.
	<b>6</b> Total number of volunteers (estimate if necessary)	6 36.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b 0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 11,448,199. Current Year: 10,466,669.
	<b>9</b> Program service revenue (Part VIII, line 2g)	147,904. 8,440.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,194. 148,739.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	491,381. 582,502.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,091,678. 11,206,350.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	698,209. 800,783.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,783,449. 5,654,441.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	70,000. 85,000.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,678,913.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,958,335. 4,709,355.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,509,993. 11,249,579.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,581,685. -43,229.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 19,307,074. End of Year: 18,946,694.
	<b>21</b> Total liabilities (Part X, line 26)	2,047,453. 1,808,600.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	17,259,621. 17,138,094.

**Part II Signature Block**

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

<b>Sign Here</b>		Date <u>May 11, 2016</u>
	Type or print name and title <u>Harold Koplewicz, MD President</u>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00736879
	Firm's name ▶ EISNERAMPER LLP			Firm's EIN ▶ 13-1639826	
	Firm's address ▶ 750 THIRD AVENUE NEW YORK, NY 10017-2703			Phone no. 212-949-8700	

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** (2014)

**Part III** Statement of Program Service Accomplishments

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

**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 \$ 2,282,039. including grants of \$ ) (Revenue \$ 8,440. )

PUBLIC EDUCATION AND OUTREACH

**4b** (Code: ) (Expenses \$ 4,184,571. including grants of \$ 295,521. ) (Revenue \$ )

SCIENCE AND INNOVATION

**4c** (Code: ) (Expenses \$ 1,245,140. including grants of \$ 505,262. ) (Revenue \$ )

ACCESS TO CLINICAL CARE

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

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

**4e** Total program service expenses ▶ 7,711,750.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter 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 (or 1024 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: DAVID RIVERA, DIR OF FINANCE 445 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10022 212-308-3118

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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 CHAIR AND DIRECTOR	6.00 0	X		X				0	0	0
(2) DEBRA PERELMAN VICE CHAIR AND DIRECTOR	6.00 0	X		X				0	0	0
(3) ELIZABETH FASCITELLI SECRETARY AND DIRECTOR	1.00 0	X		X				0	0	0
(4) ANNE WELSH MCNULTY TREASURER AND DIRECTOR	1.00 0	X		X				0	0	0
(5) ARTHUR ALTSCHUL, JR. DIRECTOR	1.00 0	X						0	0	0
(6) RANDOLPH COWEN DIRECTOR	1.00 0	X						0	0	0
(7) MARK DOWLEY DIRECTOR	1.00 0	X						0	0	0
(8) MEGAN DOWLEY DIRECTOR (UNTIL 5/15)	1.00 0	X						0	0	0
(9) MICHAEL FASCITELLI DIRECTOR	1.00 0	X						0	0	0
(10) PHYLLIS GREEN DIRECTOR	1.00 0	X						0	0	0
(11) MARGARET GRIEVE DIRECTOR	1.00 0	X						0	0	0
(12) CRAIG HATKOFF DIRECTOR	1.00 0	X						0	0	0
(13) JOSEPH HEALEY DIRECTOR	1.00 0	X						0	0	0
(14) ELLEN KATZ 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) HOWARD KATZ ----- DIRECTOR	1.00 0	X					0	0	0	
16) PREETHI KRISHNA ----- DIRECTOR	1.00 0	X					0	0	0	
17) CHRISTINE MACK ----- DIRECTOR	1.00 0	X					0	0	0	
18) RICHARD MACK ----- DIRECTOR	1.00 0	X					0	0	0	
19) JULIE MINSKOFF ----- DIRECTOR	1.00 0	X					0	0	0	
20) VALERIE MNUCHIN ----- 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	
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							2,451,925.	0	172,754.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							2,451,925.	0	172,754.	

**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 **▶** 8

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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 **▶** 2



**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) DAVID SHAPIRO ----- DIRECTOR	1.00 0	X					0	0	0	
( 30) RAM SUNDARAM ----- DIRECTOR	1.00 0	X					0	0	0	
( 31) CLAUDE WASSERSTEIN ----- DIRECTOR (UNTIL 9/15)	1.00 0	X					0	0	0	
( 32) LISA BROOKE ----- DIRECTOR	1.00 0	X					0	0	0	
( 33) JONATHAN HARRIS ----- DIRECTOR	1.00 0	X					0	0	0	
( 34) DR. HAROLD KOPLEWICZ ----- PRESIDENT	40.00 0			X			1,397,210.	0	43,044.	
( 35) ELIZABETH PLANET ----- EXECUTIVE DIRECTOR	40.00 0			X			237,560.	0	29,863.	
( 36) DAVID RIVERA - GARCIA ----- DIRECTOR OF FINANCE AND ADMIN.	40.00 0			X			159,881.	0	17,468.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶ 8**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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) DAWN THOMSEN CHF. OUTREACH OFC.(UNTIL 6/14)	40.00 0					X		119,674.	0	15,841.
( 38) ELIZABETH MCINTYRE DIRECTOR OF DEVELOPMENT	40.00 0					X		146,827.	0	20,407.
( 39) MICHAEL MILHAM DIR. CTR. DEV. BRAIN	40.00 0					X		182,673.	0	21,678.
( 40) NATALIE CUMBERBATCH DIRECTOR OF HUMAN RESOURCES	40.00 0					X		103,758.	0	21,501.
( 41) DEBORAH TRIMBLE ASSOCIATE DIR. OF DEVELOPMENT	40.00 0					X		104,342.	0	2,952.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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 **8**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	4,512,271.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions), . . . . .	<b>1e</b>	180,490.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	5,773,908.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		1,598,557.				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			10,466,669.			
	<b>Program Service Revenue</b>	<b>Business Code</b>					
<b>2a</b> CONTRACTED REVENUES			541900	8,440.	8,440.		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				8,440.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			147,648.			147,648.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0			
	<b>5</b> Royalties . . . . . ▶			0			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		9,203,778.					
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			9,202,687.			
	<b>c</b> Gain or (loss) . . . . .			1,091.			
	<b>d</b> Net gain or (loss) . . . . . ▶			1,091.			1,091.
	<b>8a</b> Gross income from fundraising events (not including \$ 4,512,271. of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>			270,220.			
	<b>b</b> Less: direct expenses . . . . . <b>b</b>			270,220.			
	<b>c</b> Net income or (loss) from fundraising events. . . . . ▶			0			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b> Less: direct expenses . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> ADMINISTRATIVE SERVICES		900099	582,502.			582,502.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			582,502.				
<b>12 Total revenue.</b> See instructions . . . . . ▶			11,206,350.	8,440.		731,241.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	295,521.	295,521.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	505,262.	505,262.		
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 . . . . .	1,427,018.	381,165.	470,617.	575,236.
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 . . . . .	3,255,661.	2,439,563.	504,366.	311,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	127,882.	77,033.	26,626.	24,223.
9 Other employee benefits . . . . .	524,661.	316,042.	109,240.	99,379.
10 Payroll taxes . . . . .	319,219.	192,289.	66,465.	60,465.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	13,515.	5,894.	5,445.	2,176.
c Accounting . . . . .	57,722.	33,327.	14,823.	9,572.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17.	85,000.			85,000.
f Investment management fees . . . . .	1,328.		1,328.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	303,549.	205,717.	93,518.	4,314.
12 Advertising and promotion . . . . .	6,189.	3,676.	1,878.	635.
13 Office expenses . . . . .	189,932.	125,866.	32,797.	31,269.
14 Information technology . . . . .	1,055,901.	873,592.	49,374.	132,935.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	952,696.	638,190.	182,157.	132,349.
17 Travel . . . . .	115,093.	71,567.	16,465.	27,061.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	27,475.	27,406.		69.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	404,756.	323,726.	43,891.	37,139.
23 Insurance . . . . .	114,153.	52,573.	42,711.	18,869.
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 <u>BAD DEBT</u> . . . . .	15,000.		15,000.	
b <u>SUB-CONTRACTORS</u> . . . . .	974,874.	896,171.	56,495.	22,208.
c <u>PAYROLL PROCESSING FEES</u> . . . . .	125,364.	97,368.	15,491.	12,505.
d <u>MARKETING</u> . . . . .	129,697.	68,819.	36,185.	24,693.
e All other expenses . . . . .	222,111.	80,983.	74,044.	67,084.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>11,249,579.</b>	<b>7,711,750.</b>	<b>1,858,916.</b>	<b>1,678,913.</b>
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	6,414.	<b>1</b>	770,398.
	<b>2</b> Savings and temporary cash investments	10,070,859.	<b>2</b>	1,698,703.
	<b>3</b> Pledges and grants receivable, net	4,677,910.	<b>3</b>	3,984,977.
	<b>4</b> Accounts receivable, net	17,715.	<b>4</b>	17,414.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	376,035.	<b>9</b>	472,733.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,183,025.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,253,212.	1,747,776.	<b>10c</b> 1,929,813.
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	8,341,372.
	<b>12</b> Investments - other securities. See Part IV, line 11	670,472.	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	1,739,893.	<b>15</b>	1,731,284.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,307,074.	<b>16</b>	18,946,694.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	462,882.	<b>17</b>	823,755.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,584,571.	<b>25</b>	984,845.
	<b>26 Total liabilities.</b> Add lines 17 through 25	2,047,453.	<b>26</b>	1,808,600.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	8,353,482.	<b>27</b>	7,704,804.
	<b>28</b> Temporarily restricted net assets	6,906,139.	<b>28</b>	7,433,290.
	<b>29</b> Permanently restricted net assets	2,000,000.	<b>29</b>	2,000,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	17,259,621.	<b>33</b>	17,138,094.
	<b>34</b> Total liabilities and net assets/fund balances	19,307,074.	<b>34</b>	18,946,694.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,206,350.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,249,579.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-43,229.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	17,259,621.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-76,970.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	-1,328.
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	17,138,094.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2014

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

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (84.82%); 15 Public support percentage from 2013 Schedule A; 16a 33 1/3% support test - 2014 (checked); 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> 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).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> 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>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> 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>	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity ( <i>see instructions</i> ).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> 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>	<b>2a</b>		
<b>b</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>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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>	<b>3a</b>		
<b>b</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>	<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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) 2014

**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 <b>Total annual distributions.</b> 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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS REVENUE	16,971.	14,859.	3,279.			35,109.
ADMINISTRATIVE SERVICES			957,427.	639,285.	582,502.	2,179,214.
TOTALS	<u>16,971.</u>	<u>14,859.</u>	<u>960,706.</u>	<u>639,285.</u>	<u>582,502.</u>	<u>2,214,323.</u>

**Schedule of Contributors**

**2014**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> CHILD MIND INSTITUTE, INC.	<b>Employer identification number</b> 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 the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 255,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 250,000.	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 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
7		\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 625,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 843,221.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 247,593.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
13	----- ----- -----	\$ 243,479.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input 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
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(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" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor informed consent.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and various monitoring and reporting questions.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures for public service and for financial gain.

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

Schedule D (Form 990) 2014

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	2,000,000.				
<b>b</b> Contributions		2,000,000.			
<b>c</b> Net investment earnings, gains, and losses	-6,488.				
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	20,790.				
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,972,722.	2,000,000.			

- 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  100.0000 %
  - c** Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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" to 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		1,990,451.	594,755.	1,395,696.
<b>d</b> Equipment		1,331,344.	858,610.	472,734.
<b>e</b> Other		861,230.	799,847.	61,383.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,929,813.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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	1,731,284.
(4) (SEE SCHEDULE L PART V)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	1,731,284.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	984,845.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	984,845.

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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	11,214,636.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> -76,970.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 86,584.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	9,614.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	11,205,022.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 1,328.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,328.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	11,206,350.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	11,336,163.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 86,584.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	86,584.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	11,249,579.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	11,249,579.

**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)

## UNCERTAIN TAX POSITIONS:

THE TEXT OF THE FOOTNOTE TO CMI'S AUDITED FINANCIAL STATEMENTS THAT REPORTS CMI'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC TOPIC 740) IS AS FOLLOWS:

CMI IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, 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.

## ENDOWMENT:

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILD MIND INSTITUTE, INC.

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

80-0478843

**Part I**

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> EVENT ASSOCIATES, INC.	BENEFIT DINNER		X	4,661,541.	65,000.	4,596,541.
<b>2</b> COMMUNITY COUNSELLING SERV.	FUNDRAISING COUNSEL		X		15,000.	
<b>3</b> EVENT ASSOCIATES, INC.	SPRING LUNCHEON		X	120,950.	5,000.	115,950.
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				4,782,491.	85,000.	4,712,491.

**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, CA, CT, DC, IL, KS, ME, MD, MA, MN, MS, NH, NJ, NY, NC, OH, OR, RI, SC, UT, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BENEFIT DINNER (event type)	SPRING LUNCH (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	4,661,541.	120,950.		4,782,491.
	<b>2</b> Less: Contributions . . . . .	4,419,836.	92,435.		4,512,271.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	241,705.	28,515.		270,220.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	241,705.	2,250.		243,955.
	<b>7</b> Food and beverages . . . . .		26,265.		26,265.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				270,220.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

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

**10 a** 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 2014 ANNUAL BENEFIT DINNER AND FOR THE MAY 2015 SPRING LUNCHEON. THE TOTAL AMOUNT PAID TO EVENT ASSOCIATES, INC. FOR THE PLANNING OF THE NOVEMBER 2014 ANNUAL BENEFIT DINNER WAS \$68,461, WHICH INCLUDED \$65,000 IN CONTRACT FEES AND \$3,461 IN REIMBURSABLE EXPENSES. CMI PAID \$5,000 TO EVENT

- 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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).

ASSOCIATES, INC. FOR THE MAY 2015 SPRING LUNCHEON, OF WHICH ALL IS ATTRIBUTABLE TO FEES IN FY 2015. CMI PAID \$43,000 IN THE PREVIOUS FISCAL YEAR AS A DEPOSIT FOR THE NOVEMBER 2014 ANNUAL BENEFIT DINNER. IN JUNE 2015, CMI CONTRACTED WITH EVENT ASSOCIATES, INC. FOR THE DECEMBER 2015 ANNUAL BENEFIT DINNER, AND A \$43,000 DEPOSIT TOWARDS THAT CONTRACT WAS PAID TO EVENT ASSOCIATES, INC. IN FY 2015. THE AMOUNT PAID TO THE PROFESSIONAL FUNDRAISING COUNSEL, COMMUNITY COUNSELLING SERVICE CO., LLC

- 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).

("CCS") REPRESENTS FEES PAID TO PROVIDE FUNDRAISING COUNSEL, INCLUDING ON  
 OUR MAJOR GIFT CAMPAIGN. THE TOTAL AMOUNT PAID TO CCS IN FY 2015 WAS  
 \$15,000.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CHILD MIND INSTITUTE, INC.

Employer identification number

80-0478843

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

- 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
- 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" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) RESEARCH FOUNDATION FOR MENTAL HYGIENE 150 BROADWAY, SUITE 301 MENANDS, NY 12204	14-1410842	501(C)(3)	291,022.				SEE PART IV
(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) (2014)

**Part III Grants and Other Assistance to Individuals in the United States.** 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	210.	505,262.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

THE GRANT WAS MADE FOLLOWING A WRITTEN GRANT AGREEMENT STIPULATING THE PURPOSES OF THE GRANT AND REQUIRING REGULAR REPORTING ON THE USE OF THE GRANT FUNDS. CMI RECEIVES EXPENSE REPORTS ON A QUARTERLY BASIS FROM GRANTEE TO ENSURE THAT THE GRANT FUNDS ARE USED FOR THE INTENDED PURPOSES BASED ON THE APPROVED GRANT APPLICATION AND BUDGET.



**Part III Grants and Other Assistance to Individuals in the United States.** 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					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART II, LINE 1A

THE CHILD MIND INSTITUTE ("CMI") AWARDED A ONE-YEAR GRANT, RENEWABLE FOR THREE YEARS, TO THE RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. ("RFMH") FOR THE PROJECT, "DISCOVERY SCIENCE OF HUMAN BRAIN FUNCTION ACROSS THE LIFESPAN: PROTOCOL ENHANCEMENT" TO FURTHER THE WORK DONE BY DR. MICHAEL MILHAM, DIRECTOR OF THE CENTER FOR THE DEVELOPING BRAIN AT CMI. THE GRANT WAS AWARDED TO DR. MILHAM IN HIS CAPACITY AS A PRINCIPAL INVESTIGATOR AT RFMH TO CONTINUE AND EXPAND THE SCOPE OF HIS ORIGINATING RESEARCH STUDY AT THE NATHAN S. KLINE INSTITUTE FOR PSYCHIATRIC RESEARCH ("NKI"), AND TO FOSTER COLLABORATION BETWEEN NKI AND CMI.

**Part III Grants and Other Assistance to Individuals in the United States.** 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					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART III, LINE 1A

THE CHILD MIND INSTITUTE ("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 AT CHILD MIND MEDICAL PRACTICE, PLLC (THE "PRACTICE"). 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 2015 CMI CONTRIBUTED \$505,262 IN FINANCIAL AID FOR CUSTOMIZED CARE SERVICES PROVIDED BY THE PRACTICE TO 210 PATIENTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILD MIND INSTITUTE, INC.

**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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

80-0478843

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes 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 in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2014

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. HAROLD KOPEWICZ PRESIDENT	(i)	506,738.	220,000.	670,472.	10,000.	33,044.	1,440,254.	337,300.
	(ii)	0	0	0	0	0	0	0
2 ELIZABETH PLANET EXECUTIVE DIRECTOR	(i)	217,560.	20,000.	0	9,267.	20,596.	267,423.	0
	(ii)	0	0	0	0	0	0	0
3 DAVID RIVERA - GARCIA DIRECTOR OF FINANCE AND ADMIN.	(i)	159,881.	0	0	8,129.	9,339.	177,349.	0
	(ii)	0	0	0	0	0	0	0
4 ELIZABETH MCINTYRE DIRECTOR OF DEVELOPMENT	(i)	146,827.	0	0	5,966.	14,441.	167,234.	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL MILHAM DIR. CTR. DEV. BRAIN	(i)	182,673.	0	0	10,000.	11,678.	204,351.	0
	(ii)	0	0	0	0	0	0	0
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
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**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## COMPENSATION PRACTICES:

THE AMOUNT SHOWN IN SCHEDULE J, PART II, LINE 1, COLUMN (B)(III) REPRESENTS THE VALUE AS OF SEPTEMBER 30, 2014 OF THE NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER INTERNAL REVENUE CODE SECTION 457(F) (THE "PLAN") ESTABLISHED FOR THE PRESIDENT TO ENCOURAGE HIS CONTINUED EMPLOYMENT BY CMI. PURSUANT TO THE PLAN, IN FY 2012 THE AMOUNT OF \$337,300 SHOWN IN SCHEDULE J, PART II, LINE 1, COLUMN (F) (AND PREVIOUSLY REPORTED IN COLUMN (C) IN FY 2012, 2013 AND 2014 AS DEFERRED COMPENSATION) WAS DEPOSITED BY CMI INTO AN ACCOUNT MAINTAINED BY CMI AND INVESTED AT THE DIRECTION OF THE PRESIDENT. THAT AMOUNT INCREASED TO \$670,742 BY SEPTEMBER 30, 2014, WHEN THE REQUIRED THREE-YEAR PERIOD OF EMPLOYMENT SET FORTH IN THE PLAN EXPIRED AND CONTROL OF THE ACCOUNT TRANSFERRED TO THE PRESIDENT.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## COMPENSATION POLICY:

IN ACCORDANCE WITH CMI'S WRITTEN EXECUTIVE COMPENSATION REVIEW POLICY, THE PLAN WAS REVIEWED BY AN OUTSIDE INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW COMPENSATION IN SIMILAR NON-PROFIT HEALTHCARE ENTITIES. NON-INTERESTED MEMBERS OF THE COMPENSATION COMMITTEE OF CMI'S BOARD OF DIRECTORS REVIEWED THE CONSULTANT'S REPORT, INCLUDING APPROPRIATE COMPARABILITY DATA, AND MADE A DETERMINATION ABOUT COMPENSATION BASED ON ALL RELEVANT FACTORS, ENSURING THAT THE PLAN WAS REASONABLE. THE COMPENSATION COMMITTEE'S DELIBERATIONS AND DECISIONS WERE DOCUMENTED CONTEMPORANEOUSLY IN THE COMMITTEE'S MINUTES AND RETAINED IN CMI'S RECORDS.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

**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.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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)													
<b>Total</b> . . . . .							\$						

**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		
(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).

## SCHEDULE L PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

- (A) INTERESTED PERSON: DR. HAROLD KOPLIEWICZ
- (B) ENTITY: CHILD MIND MEDICAL PRACTICE, PLLC
- (C) RELATIONSHIP: DR. HAROLD KOPLIEWICZ, PRESIDENT OF CHILD MIND INSTITUTE, INC. ("CMI"), IS ALSO A MEMBER OF CHILD MIND MEDICAL PRACTICE, PLLC (THE "PRACTICE"). THE PRACTICE WAS FORMED TO PROVIDE CLINICAL CARE AND TREATMENT TO CHILDREN AND ADOLESCENTS AND TO PERFORM CERTAIN ACTIVITIES RELATED TO CMI'S RESEARCH IN BRAIN DEVELOPMENT, WHICH UNDER APPLICABLE NEW YORK LAW CMI IS NOT PERMITTED TO PERFORM. THESE CLINICAL CARE AND RESEARCH ACTIVITIES ARE CRITICAL TO CMI'S MISSION TO TRANSFORM MENTAL HEALTH CARE FOR CHILDREN EVERYWHERE.
- (D) TRANSACTIONS:
- (1) FORMATION. UNDER APPLICABLE NEW YORK 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 LEGALLY PERMITTED TO HOLD AN OWNERSHIP INTEREST IN THE PRACTICE. IN FURTHERANCE OF CMI'S MISSION, TO PROTECT CMI'S INTERESTS, TO SUPPORT CLINICAL AND RESEARCH ACTIVITIES CONDUCTED BY THE PRACTICE, AND TO COMPLY WITH THE FOREGOING OWNERSHIP



**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).

REQUIREMENT, DR. KOPLEWICZ, A LICENSED PHYSICIAN, BECAME THE CONTROLLING MEMBER OF THE PRACTICE. THE MEMBERSHIP INTERESTS IN THE PRACTICE (I.E. DR. KOPLEWICZ'S 99% INTEREST AND DR. RONALD STEINGARD'S 1% INTEREST) HAVE BEEN STRUCTURED SO THAT NEITHER 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 PRACTICE PURSUANT TO WHICH THEY HAVE AGREED NOT TO SELL THEIR INTERESTS TO ANY PARTY OTHER THAN THE 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 PRACTICE'S ARTICLES OF ORGANIZATION PROVIDE THAT THE PRACTICE IS TO BE OPERATED SOLELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES IN FURTHERANCE AND SUPPORT OF CMI'S MISSION TO THE EXTENT NOT INCONSISTENT WITH RELEVANT NEW YORK LAW. NONE OF THE 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 PRACTICE IS EVER DISSOLVED, ITS ASSETS AND PROPERTY MUST BE DISTRIBUTED TO A CHARITABLE ORGANIZATION QUALIFYING FOR EXEMPTION FROM TAXATION UNDER SECTION

**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).

501(C)(3) OF THE INTERNAL REVENUE CODE.

(2) RESTRICTED GRANT AGREEMENT. TO FACILITATE THE FORMATION OF THE PRACTICE AND THE CONDUCT BY THE PRACTICE OF CLINICAL AND RESEARCH ACTIVITIES THAT FURTHER CMI'S MISSION, CMI ENTERED INTO A RESTRICTED GRANT AGREEMENT WITH THE PRACTICE PURSUANT TO WHICH CMI AGREED TO MAKE SPECIAL PURPOSE RESTRICTED GRANTS TO THE PRACTICE UP TO THE AGGREGATE AMOUNT OF \$1,750,000. THE RESTRICTED GRANT AGREEMENT PROVIDES, AMONG OTHER THINGS, THAT (A) THE PRACTICE IS REQUIRED TO OPERATE IN A MANNER THAT IS, AND LIMITS ITS ACTIVITIES TO THOSE THAT ARE, CONSISTENT WITH AND FURTHER THE MISSION OF CMI, (B) THE GRANT MUST BE USED BY THE PRACTICE EXCLUSIVELY IN CONNECTION WITH THE CONDUCT OF ACTIVITIES THAT FURTHER AND SUPPORT CMI'S MISSION, AND (C) THE PRACTICE MUST OBSERVE VARIOUS REPORTING, BUDGETARY AND OTHER FINANCIAL REQUIREMENTS AND ENGAGE AUDITORS ACCEPTABLE TO CMI. IF THE PRACTICE FAILS TO OBSERVE THE REQUIREMENTS OF THE RESTRICTED GRANT AGREEMENT, THE AGREEMENT MAY BE TERMINATED, IN WHICH CASE UNSPENT FUNDS MUST BE RETURNED TO CMI AND DAMAGES MAY BE DUE. TO DATE, CMI HAS MADE GRANTS TO THE PRACTICE IN THE AGGREGATE AMOUNT OF \$690,000, ALL PRIOR TO FY 2012.

**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).

(3) ADMINISTRATIVE SERVICES AGREEMENT. PURSUANT TO AN ADMINISTRATIVE SERVICES AGREEMENT BETWEEN CMI AND THE PRACTICE, CMI PROVIDES CERTAIN ADMINISTRATIVE SERVICES TO THE PRACTICE FOR WHICH THE PRACTICE COMPENSATES CMI. CONSISTENT WITH CMI'S INTERNAL POLICIES AND PROCEDURES, 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 PRACTICE'S PAYMENT OBLIGATION TO CMI FOR SERVICES PROVIDED UNDER THE ADMINISTRATIVE SERVICES AGREEMENT IS CURRENTLY REFLECTED AS A RECEIVABLE ON CMI'S FINANCIAL STATEMENTS IN THE AMOUNT OF \$1,731,284, AS REFLECTED IN PART X OF THIS FORM 990. DURING FY 2015, CMI INCURRED \$582,502 OF COSTS ASSOCIATED WITH PROVIDING ADMINISTRATIVE SERVICES TO THE PRACTICE, OF WHICH \$550,000 HAS BEEN REIMBURSED IN FY 2015.

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

RESTRICTED GRANT AGREEMENT.

(5) GRANT SERVICES AGREEMENT. PURSUANT TO A GRANT SERVICES AGREEMENT BETWEEN CMI AND THE PRACTICE, CMI ENGAGES THE PRACTICE 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 PRACTICE TO SATISFY THE REQUIREMENTS OF THE DONATION OR GRANT. DURING FY 2015, AMOUNTS PAID TO THE PRACTICE PURSUANT TO THE GRANT SERVICES AGREEMENT IN PERFORMANCE OF THESE REQUIREMENTS AMOUNTED TO \$713,381, 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 BOTH THE PRESIDENT OF CMI AND A MEMBER OF THE PRACTICE. ACCORDINGLY, THE TRANSACTIONS BETWEEN CMI AND THE 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 BETWEEN CMI AND THE PRACTICE IN ACCORDANCE WITH CMI'S CONFLICT OF INTEREST AND DISCLOSURE POLICY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CHILD MIND INSTITUTE, INC.

Employer identification number

80-0478843

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	12.	1,598,557.	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 is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

JSA

4E1298 1.000

---

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

---

**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.**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

80-0478843

FORM 990, PART III, LINE 1

CMI 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:

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

CHILDMIND.ORG - THE CHILD MIND INSTITUTE'S WEB SITE CONTAINS A WEALTH OF INFORMATION, NEWS, ADVICE AND STRATEGIES FOR PARENTS, EDUCATORS, AND OTHER PROFESSIONALS DEALING WITH PSYCHIATRIC AND LEARNING DISORDERS IN CHILDREN AND ADOLESCENTS. 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

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

CAMPAIGN USES TOOLS LIKE FACEBOOK AND TWITTER TO SPREAD THE WORD.

SPEAK UP FOR KIDS - SPEAK UP FOR KIDS IS THE CHILD MIND INSTITUTE'S NATIONAL PUBLIC EDUCATION CAMPAIGN HELD EACH YEAR TO BATTLE THE BARRIERS THAT CAN PREVENT KIDS AND FAMILIES FROM SEEKING LIFE-CHANGING TREATMENT. BY PROMOTING AWARENESS AND ENGAGING A BROAD COALITION OF PARTNERS, THE CAMPAIGN SPARKS THE KIND OF NATIONAL ATTENTION THAT CHILDREN'S MENTAL HEALTH TRULY DESERVES. SPEAK UP FOR KIDS FEATURES EVENTS, INFLUENTIAL SPEAKERS, RESOURCES FOR PARENTS AND FAMILIES, SYNCHRONIZED DIGITAL ACTIVITIES, AND MULTI-PLATFORM MEDIA ENGAGEMENT.

ADAM JEFFREY KATZ MEMORIAL LECTURE - DESIGNED TO RAISE AWARENESS AND EDUCATE THE PUBLIC ABOUT CHILDHOOD PSYCHIATRIC AND LEARNING DISORDERS, THIS ANNUAL LECTURE WAS LAUNCHED IN 2003 AS A LIVING MEMORIAL TO ADAM KATZ, WHO STRUGGLED WITH ADHD AND DYSLEXIA. THE LECTURE FEATURES A LEADING EXPERT IN THE FIELD, FOLLOWED BY A CANDID CONVERSATION WITH A PROMINENT GUEST ABOUT LIVING WITH A MENTAL HEALTH DISORDER. PAST HONOREES HAVE INCLUDED ACTOR ORLANDO BLOOM, ACTRESS AND PRODUCER TRUDIE STYLER, PRODUCER BRIAN GRAZER, SINGER NAOMI JUDD, AND ACTRESS LORRAINE BRACCO.

ON THE SHOULDERS OF GIANTS - EACH YEAR, THE CHILD MIND INSTITUTE'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 CHILD MENTAL HEALTH AND DEVELOPMENTAL NEUROSCIENCE. AT THE ON THE SHOULDERS OF GIANTS SYMPOSIUM, THE AWARDEE IS



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

A FEATURED SPEAKER, ALONG WITH TWO GENERATIONS OF HIS OR HER PROTEGES.  
THIS PRESENTATION GIVES THE RESEARCH COMMUNITY, AND PARTICULARLY YOUNGER  
SCIENTISTS, A VIEW INTO THE TRANSFORMATIONAL POWER OF DEDICATION AND  
COLLABORATION IN SCIENCE.

STUDENT ART PROJECT - EACH YEAR, THE CHILD MIND INSTITUTE INVITES FOUR  
LOCAL PUBLIC AND INDEPENDENT SCHOOLS TO PARTICIPATE IN OUR GALLERY  
PROGRAM DEDICATED TO DISPLAYING WORKS OF ART CREATED BY STUDENT ARTISTS.  
CRITICAL TO CHILD DEVELOPMENT AND ACADEMIC SUCCESS, ART PROMOTES  
SELF-ESTEEM AND PROVIDES OPPORTUNITIES FOR SELF-EXPRESSION. WORKS FROM  
THE STUDENT ART PROJECT ARE PROMINENTLY EXHIBITED AT THE CHILD MIND  
INSTITUTE HEADQUARTERS AND A VIRTUAL GALLERY IS AVAILABLE ON  
CHILDMIND.ORG.

PARENT AND EDUCATOR WORKSHOPS ON CLINICAL TOPICS - THE PARENT AND  
EDUCATOR WORKSHOPS COVER A RANGE OF ISSUES AFFECTING CHILDREN, INCLUDING  
SELECTIVE MUTISM, 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.

STRESS AND RESILIENCE PROGRAM - IN FY 2015, THE STRESS AND RESILIENCE  
PROGRAM PROVIDED TRAUMA RESPONSE SERVICES TO MORE THAN 100 NEW YORK CITY  
PUBLIC ELEMENTARY, INTERMEDIATE, AND HIGH SCHOOLS, AS WELL AS CHILDREN'S

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

MENTAL HEALTH CLINICS, SERVING THOUSANDS OF STUDENTS. OUR SERVICES FOCUSED ON PROVIDING PSYCHOEDUCATIONAL WORKSHOPS, SCHOOL-BASED TRAUMA INTERVENTIONS, AND CONSULTATION TO COMMUNITIES AFFECTED BY SUPERSTORM SANDY, AS WELL AS PUBLIC SCHOOLS. THE OVERALL PURPOSE OF THE STRESS AND RESILIENCE PROGRAM IS TO PROMOTE HEALTHY CHILD DEVELOPMENT AND RESILIENCE AND PREVENT SERIOUS, TRAUMA-RELATED PSYCHOLOGICAL DIFFICULTIES AMONG CHILDREN AND ADOLESCENTS. THE STRESS AND RESILIENCE PROGRAM HAS PARTICULAR EXPERIENCE WORKING WITH MILITARY FAMILIES, PARTICULARLY THOSE WHO EXPERIENCE DIFFICULTIES RELATED TO TRAUMA EXPOSURE OR READJUSTMENT TO LIFE AT HOME AND EXPOSURE TO MILITARY STRESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE, SCIENCE AND INNOVATION:

-----

THE CHILD MIND INSTITUTE HAS A SCIENCE AND INNOVATION MISSION THAT UNDERSCORES THE TRANSFORMATIVE POWER OF COLLABORATIVE RESEARCH IN THE FIELD OF CHILDREN'S MENTAL HEALTH. THE CENTER FOR THE DEVELOPING BRAIN IS DEDICATED TO ACCELERATING THE PACE OF SCIENTIFIC ADVANCEMENT FOR CHILDREN'S MENTAL HEALTH THROUGH THE CONDUCT AND PROMOTION OF HIGH-IMPACT RESEARCH FOCUSED ON THE DEVELOPING BRAIN AND MENTAL ILLNESS. THE CENTER ACTIVELY WORKS TO INNOVATE MODELS OF THE NEURAL UNDERPINNINGS OF MENTAL ILLNESS, AS WELL AS THE METHODOLOGIES EMPLOYED BY INVESTIGATORS TO EXAMINE THEM. ADDITIONALLY, THE CENTER SPEARHEADS A LARGE-SCALE OPEN SCIENCE INITIATIVE THAT SERVES TO DEMONSTRATE THE FEASIBILITY AND VALUE OF OPEN DATA-SHARING IN THE BRAIN IMAGING COMMUNITY. KNOWN AS THE INTERNATIONAL NEUROIMAGING DATA-SHARING INITIATIVE, THIS EFFORT HAS GIVEN

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

RESEARCHERS WHO ONCE STRUGGLED TO OBTAIN A FEW DOZEN DATASETS FOR THEIR WORK ACCESS TO THOUSANDS OF DATASETS FROM CLINICAL AND NONCLINICAL POPULATIONS.

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

HEALTHY BRAIN NETWORK - THE HEALTHY BRAIN NETWORK IS AN INNOVATIVE NEUROSCIENCE RESEARCH PROGRAM AIMED AT BUILDING THE LARGEST, MOST COMPREHENSIVE DATA RESOURCE EXCLUSIVELY ON CHILDREN AND ADOLESCENTS AND SHARING THE DATA WITH SCIENTISTS GLOBALLY. THROUGH A PROVEN BIG DATA AND OPEN SCIENCE PARADIGM, THIS INITIATIVE WILL SPUR THE DISCOVERY OF BRAIN-BASED BIOMARKERS OF PSYCHIATRIC AND LEARNING DISORDERS. 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. THE HEALTHY BRAIN NETWORK AIMS TO ESTABLISH A REPOSITORY OF IMAGES (FMRI AND EEG), GENETIC

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

INFORMATION, CARDIOVASCULAR FITNESS AND NUTRITION ASSESSMENTS, IQ ASSESSMENTS, AND CLINICAL EVALUATIONS ON 10,000 CHILDREN AND ADOLESCENTS (AGES 5-21) FROM COMMUNITIES ACROSS THE NEW YORK METROPOLITAN AREA. THROUGH A COLLABORATIVE DATA-SHARING MODEL, MULTI-DISCIPLINARY RESEARCHERS FROM AROUND THE WORLD WILL HAVE ACCESS TO THIS RICH RESOURCE AS IT IS BEING COLLECTED TO STIMULATE ANALYSIS, HYPOTHESIS GENERATION AND TESTING. FURTHERMORE, THIS COMMUNITY-BASED APPROACH WILL PROVIDE FREE DIAGNOSTIC CLINICAL EVALUATIONS TO THE CHILDREN WHO PARTICIPATE, AS WELL AS REFER CARE FOR FAMILIES IN THEIR HOME COMMUNITY. THIS IS AN INVALUABLE BENEFIT TO THESE FAMILIES, MANY OF WHOM WOULD NOT OTHERWISE HAVE ACCESS TO SUCH A RESOURCE.

SCIENTIFIC RESEARCH COUNCIL - COMPRISED OF 15 OF 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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICES, ACCESS TO CLINICAL CARE:

-----  
THE CHILD MIND INSTITUTE AIMS TO HELP CHILDREN, TEENS, AND FAMILIES

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

ACCESS THE CLINICAL CARE THEY NEED TO LIVE HEALTHY, FULFILLING LIVES.

FINANCIAL AID PROGRAM - THE CHILD MIND INSTITUTE LAUNCHED ITS FINANCIAL AID PROGRAM IN AN EFFORT TO HELP CHILDREN AND FAMILIES RECEIVE CARE AND TREATMENT, REGARDLESS OF ECONOMIC STANDING, FROM CLINICIANS AT THE CHILD MIND MEDICAL PRACTICE, A MEDICAL PRACTICE FORMED TO SUPPORT THE CLINICAL MISSION OF THE CHILD MIND INSTITUTE. THE FINANCIAL AID PROGRAM OFFERS ELIGIBLE FAMILIES A FEE DISCOUNT OF UP TO 70% 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, THE CHILD MIND INSTITUTE HAS RAISED A CUMULATIVE TOTAL OF \$3,022,219 FOR THE FINANCIAL AID PROGRAM.

FORM 990, PART VI, SECTION A, LINE 2

FAMILY RELATIONSHIPS:

PHYLLIS GREEN AND RANDOLPH COWEN ARE HUSBAND AND WIFE

MEGAN AND MARK DOWLEY ARE HUSBAND AND WIFE

ELIZABETH AND MICHAEL FASCITELLI ARE HUSBAND AND WIFE

AMY AND JOHN PHELAN ARE HUSBAND AND WIFE

ELLEN AND HOWARD KATZ ARE HUSBAND AND WIFE

CHRISTINE AND RICHARD MACK ARE HUSBAND AND WIFE

BROOKE GARBER NEIDICH AND DANIEL NEIDICH ARE HUSBAND AND WIFE

JORDAN SCHAPS IS THE SON OF LINDA SCHAPS

PREETHI KRISHNA AND RAM SUNDARAM ARE HUSBAND AND WIFE

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

FORM 990, PART VI, SECTION B, LINE 11

REVIEW OF FORM 990:

CMI'S FORM 990 IS PREPARED BY CMI FINANCE STAFF. THE DRAFT FORM 990 IS THEN REVIEWED BY CMI'S EXECUTIVE DIRECTOR AND GENERAL COUNSEL AND BY EXTERNAL INDEPENDENT LEGAL COUNSEL. THE DRAFT FORM 990 IS REVIEWED IN DETAIL BY THE AUDIT & FINANCE COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH WAS DELEGATED THIS RESPONSIBILITY BY THE FULL BOARD OF DIRECTORS. THE AUDIT & FINANCE COMMITTEE REVIEWS THE FORM 990 AND DISCUSSES THE CONTENTS THEREOF AT A MEETING WITH CMI'S INDEPENDENT AUDITORS. THE DRAFT FORM 990 IS THEN PRESENTED BY THE CHAIR OF THE AUDIT & FINANCE COMMITTEE TO THE FULL BOARD OF DIRECTORS AT ITS ANNUAL MEETING. PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE, A COPY OF THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE ENTIRE BOARD FOR REVIEW AND COMMENT.

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

CONFLICT OF INTEREST POLICY:

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 15

COMPENSATION POLICY:

IN ACCORDANCE WITH CMI'S WRITTEN EXECUTIVE COMPENSATION REVIEW POLICY,

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

CERTAIN EXECUTIVE LEVEL COMPENSATION IS REVIEWED BY AN OUTSIDE INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW SIMILAR POSITIONS IN SIMILAR NON-PROFIT HEALTHCARE ENTITIES. THE REVIEW INCLUDES EACH INDIVIDUAL'S CV, YEARS OF EXPERIENCE, JOB DESCRIPTION AND GOALS FOR CURRENT POSITION, COMPARISON TO THE MARKET, AND SPECIAL CONSIDERATIONS SUCH AS RELOCATION, PAST PERFORMANCE AND ACCOMPLISHMENTS, AND NICHE EXPERTISE / KNOWLEDGE OF REQUIRED AREAS. NON-INTERESTED MEMBERS OF THE COMPENSATION COMMITTEE OF CMI'S BOARD OF DIRECTORS REVIEW THE COMPENSATION CONSULTANT'S REPORT, INCLUDING APPROPRIATE COMPARABILITY DATA, AND MAKE A DETERMINATION ABOUT COMPENSATION BASED ON ALL RELEVANT FACTORS, ENSURING COMPENSATION IS REASONABLE. THE COMPENSATION COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE COMMITTEE'S MINUTES AND RETAINED IN CMI'S RECORDS.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF ORGANIZATIONAL DOCUMENTS:

CMI'S ANNUAL REPORT, FORM 990, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. THESE DOCUMENTS, AS WELL AS CMI'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST AND DISCLOSURE POLICY, ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A, COLUMN D

REPORTABLE COMPENSATION:

COMPENSATION OF CERTAIN EXECUTIVES IS SUBJECT TO CMI'S WRITTEN EXECUTIVE COMPENSATION REVIEW POLICY, WHICH REQUIRES REVIEW BY INDEPENDENT PERSONS, REFERENCE TO APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUS

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

SUBSTANTIATION OF THE DELIBERATION AND DECISION BY THE COMPENSATION  
COMMITTEE OF CMI'S BOARD OF DIRECTORS.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AZ, CA, CT,

DC, GA, IL, ME, MD, MA, MI,

MN, NH, NJ, NY, NC, OH, OR, PA,

RI, SC, VA, 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>
42ND STREET LESSEE 110 EAST 42ND STREET NEW YORK, NY 10017	EVENT VENUE	241,705.
DANIEL J EDELMAN, INC 21992 NETWORK PLACE CHICAGO, IL 60673-1219	MEDIA TRAINING	152,567.