

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CHILDREN'S RESEARCH INSTITUTE
% CORPORATE OFFICERS
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
111 Michigan Avenue NW
City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20010

D Employer identification number
52-1654453
E Telephone number
(202) 476-5000
G Gross receipts \$ 62,487,585

F Name and address of principal officer
KURT DOUGLAS NEWMAN MD
111 Michigan Avenue NW
Washington, DC 20010

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

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527
J Website: ▶ www.childrensnational.org/research

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1989 **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CONDUCTS AND PROMOTES TRANSLATIONAL AND CLINICAL MEDICAL RESEARCH AND EDUCATION PROGRAMS SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	221
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	56,862,156	61,620,276
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	-11,692
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	768,042	867,309
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,630,198	62,475,893
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	43,040,979	46,593,613
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,505,171	46,752,861
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	87,546,150	93,346,474
19 Revenue less expenses Subtract line 18 from line 12	-29,915,952	-30,870,581

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	34,180,795	34,437,749
21 Total liabilities (Part X, line 26)	264,756,740	295,884,275
22 Net assets or fund balances Subtract line 21 from line 20	-230,575,945	-261,446,526

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2019-05-03
ALEC KING CFO Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: MARY TORRETTA Preparer's signature: MARY TORRETTA Date: 2019-04-26 Check if self-employed PTIN: P00847851
Firm's name: Grant Thornton LLP Firm's EIN:
Firm's address: 1000 WILSON BLVD SUITE 1400 ARLINGTON, VA 22209 Phone no: (703) 847-7500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 CHILDREN'S RESEARCH INSTITUTE CONDUCTS AND PROMOTES TRANSLATIONAL AND CLINICAL MEDICAL RESEARCH AND EDUCATION PROGRAMS THAT LEAD TO IMPROVED UNDERSTANDING, PREVENTION, TREATMENT, AND CARE OF CHILDHOOD DISEASES

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 \$ 16,498,981 including grants of \$) (Revenue \$ 11,249)
 See Additional Data

4b (Code) (Expenses \$ 21,098,347 including grants of \$) (Revenue \$ 13,545)
 See Additional Data

4c (Code) (Expenses \$ 15,045,838 including grants of \$) (Revenue \$)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 21,571,288 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 74,214,454

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

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 question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (DC); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CORPORATE OFFICERS 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 (202) 476-5000

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	15,630,531	1,526,159	

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 ▶ **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
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>	Yes	
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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE,		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	10,857,257				
	e Government grants (contributions)	1e	39,659,649				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,103,370				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		61,620,276				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue		0				
	g Total. Add lines 2a-2f		0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0				
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		11,692			
		c Gain or (loss)		-11,692			
		d Net gain or (loss)			-11,692		-11,692
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0			
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a		0			
		b Less direct expenses	b	0			
		c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances	a		0			
b Less cost of goods sold		b	0				
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue	Business Code						
11a OTHER OPERATING REVENUE	900099	867,309	24,794		842,515		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		867,309					
12 Total revenue. See Instructions		62,475,893	24,794		830,823		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
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.	40,849,649	38,714,657	2,134,992	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,033,499	979,484	54,015	
9 Other employee benefits.	2,404,754	2,279,070	125,684	
10 Payroll taxes.	2,305,711	2,185,204	120,507	
11 Fees for services (non-employees):				
a Management.	10,288	9,750	538	
b Legal.	662,164	627,556	34,608	
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,506,778	11,853,116	653,662	
12 Advertising and promotion.	43,829	41,538	2,291	
13 Office expenses.	1,278,224	1,211,421	66,803	
14 Information technology.	1,089,181	1,032,255	56,926	
15 Royalties.	25,000	23,693	1,307	
16 Occupancy.	397,408	376,638	20,770	
17 Travel.	823,515	780,474	43,041	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	322,936	306,058	16,878	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	2,143,563	2,031,530	112,033	
23 Insurance.	69,894	66,241	3,653	
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 OVERHEAD	20,427,947	5,106,987	15,320,960	
b MEDICAL SUPPLIES	4,989,768	4,728,980	260,788	
c CAPITAL EQUIPMENT	115,194	109,173	6,021	
d SMALL MEDICAL EQUIPMENT	107,847	102,210	5,637	
e All other expenses	1,739,325	1,648,419	90,906	
25 Total functional expenses. Add lines 1 through 24e.	93,346,474	74,214,454	19,132,020	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	15,162,256	3	15,001,408
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	25,777,342		
	b Less accumulated depreciation	6,341,001		
		19,018,539	10c	19,436,341
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,180,795	16	34,437,749	
Liabilities	17 Accounts payable and accrued expenses	3,084,410	17	2,457,073
	18 Grants payable	0	18	0
	19 Deferred revenue	9,663,730	19	10,182,379
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	252,008,600	25	283,244,823
	26 Total liabilities. Add lines 17 through 25	264,756,740	26	295,884,275
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-230,575,945	27	-261,446,526
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-230,575,945	33	-261,446,526
	34 Total liabilities and net assets/fund balances	34,180,795	34	34,437,749

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,475,893
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,346,474
3	Revenue less expenses Subtract line 2 from line 1	3	-30,870,581
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-230,575,945
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-261,446,526

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1654453

Name: CHILDREN'S RESEARCH INSTITUTE

Form 990 (2017)

Form 990, Part III, Line 4a:

CENTER FOR GENETIC MEDICINE RESEARCH - SEE SCHEDULE O

Form 990, Part III, Line 4b:

CENTER FOR TRANSLATIONAL SCIENCE - SEE SCHEDULE O

Form 990, Part III, Line 4c:

CENTER FOR NEUROSCIENCE RESEARCH - SEE SCHEDULE O

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

(Code) (Expenses \$ 11,847,523 including grants of \$) (Revenue \$)
CENTER FOR CANCER AND IMMUNOLOGY RESEARCH

(Code) (Expenses \$ 9,723,765 including grants of \$) (Revenue \$)
SHEIKH ZAYED INST FOR PEDIATRIC SURGICAL INNOV

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

(Code) (Expenses \$	including grants of \$) (Revenue \$
OTHER MISC PROGRAMS			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA LOPEZ KUNZ BOARD CHAIRMAN	2 0 1 0	X		X				0	0	0
DAVID SCHLITZ BOARD VICE CHARIMAN	2 0 0 0	X		X				0	0	0
JAY SCHNITZER MD PHD BOARD SECRETARY-TRESURER	2 0 0 0	X		X				0	0	0
KURT D NEWMAN MD PRESIDENT/CEO (CNMC)	2 0 53 0	X		X				0	2,471,800	294,314
MARK L BATSHAW MD BOARD MEMBER to 6/30/2018	25 0 30 0	X						0	3,614,029	194,338
EDWARD M CONNOR JR MD BOARD MEMBER	1 0 0 0	X						0	0	0
PETER HAALAND PHD BOARD MEMBER	1 0 0 0	X						0	0	0
ADA SUE HINSHAW PHD BOARD MEMBER	1 0 0 0	X						0	0	0
EVAN JONES BOARD MEMBER	1 0 2 0	X						0	0	0
ALAN LESHNER PHD BOARD MEMBER	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
B THOMAS MANSBACH BOARD MEMBER	1 0 0 0	X						0	0	0
ROBERT MILLER PHD BOARD MEMBER	1 0 0 0	X						0	0	0
ELIZABETH A SINGER BOARD MEMBER	1 0 1 0	X						0	0	0
ROBERT TAYLOR MD BOARD MEMBER	1 0 0 0	X						0	0	0
STEPHEN TEACH MD BOARD MEMBER	35 0 20 0	X						0	490,725	18,192
TRACY WARREN BOARD MEMBER	1 0 0 0	X						0	0	0
MICHAEL J WILLIAMS BOARD MEMBER	1 0 6 0	X						0	0	0
WILLIAM WOLF MD BOARD MEMBER	1 0 0 0	X						0	0	0
ALEC KING EVP & CHIEF FINANCIAL OFFICER	1 0 54 0			X				0	742,591	134,808
ROGER PACKER MD SVP CENTER OF EXCELLENCE	7 0 48 0				X			0	1,021,637	164,521

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY SANDLER MD SVP CENTER OF EXCELLENCE	11 0 44 0					X		0	1,470,933	212,667
PETER KIM MD VP SHEIKH ZAYED INSTITUTE	4 0 51 0					X		0	971,715	36,873
RICHARD JONAS MD CHIEF OF CARDIAC SURGERY	2 0 53 0					X		0	2,736,161	269,632
ROBERT KEATING MD CHIEF OF NEUROSURGERY	1 0 54 0					X		0	1,042,013	121,145
DOUGLAS MYERS FORMER CFO TO 12/2015	0 0 0 0						X	0	389,751	1,589
MENDEL TUCHMAN MD CRO to 6/30/2017	53 0 2 0						X	0	679,176	78,080

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CHILDREN'S RESEARCH INSTITUTE

Employer identification number

52-1654453

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	63,622,657	57,813,470	55,550,935	56,862,156	61,620,276	295,469,494
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	63,622,657	57,813,470	55,550,935	56,862,156	61,620,276	295,469,494
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						295,469,494

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	63,622,657	57,813,470	55,550,935	56,862,156	61,620,276	295,469,494
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		369,982	614,563	768,042	842,515	2,595,102
11 Total support. Add lines 7 through 10						298,064,596

12 Gross receipts from related activities, etc (see instructions) **12** 24,794

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.129%
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	99.380%

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	0 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 52-1654453

Name: CHILDREN'S RESEARCH INSTITUTE

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
CHILDREN'S RESEARCH INSTITUTE

Employer identification number
52-1654453

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		315,666	92,147	223,519
d Equipment		13,113,786	6,248,854	6,864,932
e Other		12,347,890		12,347,890
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				19,436,341

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATES	283,244,823
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	283,244,823

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

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

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

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

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

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

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

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1654453

Name: CHILDREN'S RESEARCH INSTITUTE

Supplemental Information

Return Reference	Explanation
LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)	SCHEDULE D, PART X, LINE 2 FIN 48 FINANCIAL STATEMENT FOOTNOTE FROM THE COMBINED FINANCIAL STATEMENTS OF CHILDREN'S NATIONAL MEDICAL CENTER (MEDICAL CENTER) AND SUBSIDIARIES, OF WHICH CHILDREN'S RESEARCH INSTITUTE IS A SUBSIDIARY, IS AS FOLLOWS THE MEDICAL CENTER IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE ON SUCH BASIS, THE EXEMPT ENTITIES WILL NOT INCUR ANY LIABILITY FOR FEDERAL INCOME TAXES, EXCEPT FOR POSSIBLE UNRELATED BUSINESS INCOME THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS THE GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE COMBINED FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON TECHNICAL MERITS THE MEDICAL CENTER EVALUATES UNCERTAIN TAX POSITIONS USING A TWO-STEP APPROACH FOR RECOGNIZING AND MEASURING TAX BENEFITS TAKEN OR EXPECTED TO BE TAKEN IN AN UNRELATED BUSINESS ACTIVITY TAX RETURN AND DISCLOSURES REGARDING UNCERTAINTIES IN TAX POSITIONS THERE WAS NO IMPACT ON THE MEDICAL CENTER'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2018 AND 2017 AS THE MEDICAL CENTER HAS NO UNCERTAIN TAX POSITIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S RESEARCH INSTITUTE

Employer identification number
52-1654453

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
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	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
RELATED ORGANIZATION	SCHEDULE J, PART I, LINE 3 CHILDREN'S RESEARCH INSTITUTE (CRI) RELIES ON ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER (CNMC), TO DETERMINE COMPENSATION FOR CRI'S PRESIDENT. CHILDREN'S NATIONAL MEDICAL CENTER USED AN EXECUTIVE COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD TO ESTABLISH COMPENSATION.
RECEIVE A SEVERANCE PAYMENT	SCHEDULE J, PART I, LINE 4A THE FOLLOWING FORMER OFFICER RECEIVED A SEVERANCE PAYMENT. THE SEVERANCE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS PART OF OTHER REPORTABLE COMPENSATION. DOUGLAS MYERS \$389,751.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B THE FOLLOWING OFFICERS AND KEY EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION. KURT D. NEWMAN, MD \$195,000. RICHARD JONAS, MD \$160,000. ANTHONY SANDLER, MD \$133,208. MARK L. BATSHAW, MD \$107,512. ALEC KING \$90,003. ROGER PACKER, MD \$83,254. ROBERT KEATING \$82,717. MENDAL TUCHMAN, MD \$20,250.

Additional Data

Software ID:
Software Version:
EIN: 52-1654453
Name: CHILDREN'S RESEARCH INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KURT D NEWMAN MD PRESIDENT/CEO (CNMC)	(i)	0	0	0	0	0	0	0
	(ii)	1,196,477	1,221,991	53,332	208,500	85,814	2,766,114	0
1 MARK L BATSHAW MD BOARD MEMBER to 6/30/2018	(i)	0	0	0	0	0	0	0
	(ii)	678,437	542,735	2,392,857	121,012	73,326	3,808,367	2,344,124
2 STEPHEN TEACH MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	363,760	108,335	18,630	13,500	4,692	508,917	0
3 ALEC KING EVP & CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	515,562	208,129	18,900	103,503	31,305	877,399	0
4 ROGER PACKER MD SVP CENTER OF EXCELLENCE	(i)	0	0	0	0	0	0	0
	(ii)	506,573	406,535	108,529	96,754	67,767	1,186,158	64,535
5 ANTHONY SANDLER MD SVP CENTER OF EXCELLENCE	(i)	0	0	0	0	0	0	0
	(ii)	787,217	597,706	86,010	146,708	65,959	1,683,600	63,890
6 PETER KIM MD VP SHEIKH ZAYED INSTITUTE	(i)	0	0	0	0	0	0	0
	(ii)	689,071	279,806	2,838	13,500	23,373	1,008,588	0
7 RICHARD JONAS MD CHIEF OF CARDIAC SURGERY	(i)	0	0	0	0	0	0	0
	(ii)	1,917,741	443,300	375,120	173,500	96,132	3,005,793	338,890
8 ROBERT KEATING MD CHIEF OF NEUROSURGERY	(i)	0	0	0	0	0	0	0
	(ii)	796,074	168,796	77,143	96,217	24,928	1,163,158	75,955
9 DOUGLAS MYERS FORMER CFO TO 12/2015	(i)	0	0	0	0	0	0	0
	(ii)	0	0	389,751	1,019	570	391,340	160,000
10 MENDEL TUCHMAN MD CRO to 6/30/2017	(i)	0	0	0	0	0	0	0
	(ii)	307,296	288,005	83,875	33,750	44,330	757,256	57,486

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
CHILDREN'S RESEARCH INSTITUTE**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

52-1654453

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 CHILDREN'S RESEARCH INSTITUTE CONDUCTS AND PROMOTES TRANSLATIONAL AND CLINICAL MEDICAL RESEARCH AND EDUCATION PROGRAMS THAT LEAD TO IMPROVED UNDERSTANDING, PREVENTION, TREATMENT, AND CARE OF CHILDHOOD DISEASES

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACTIVITY 1	FORM 990, PART III, LINE 4A CENTER FOR GENETIC MEDICINE RESEARCH THE CENTER FOR GENETIC MEDICINE RESEARCH RESEARCHES, DIAGNOSES, AND TREATS GENETIC DISORDERS-DISEASES AND CONDITIONS IN CHILDREN THAT ARE CAUSED BY INHERITED GENES THAT DON'T FUNCTION NORMALLY FOUNDED IN 1999, THE CENTER EMPHASIZES TRANSLATIONAL RESEARCH (BENCH-TO-BEDSIDE) AND HARNESSSES EMERGING TECHNOLOGIES FOR GENETIC AND PROTEOMIC ANALYSIS RESEARCHERS AT THE CENTER FOR GENETIC MEDICINE RESEARCH CONDUCT BASIC AND CLINICAL RESEARCH INTO SOME OF CHILDHOOD'S MOST WELL-KNOWN GENETIC DISORDERS, INCLUDING ASTHMA AND LUNG DISEASE, DIABETES, INBORN ERRORS OF METABOLISM, MACULAR DEGENERATION, MUSCULAR DYSTROPHIES, SICKLE CELL DISEASE, OBESITY & METABOLIC SYNDROME AND WHITE MATTER DISEASE ALMOST ALL OF THE CENTER'S PROGRAMS COMBINE BASIC, CLINICAL, AND/OR COMMUNITY RESEARCH, INCLUDING STUDIES OF MUSCLE PHYSIOLOGY, GENETICS, & METABOLISM AND DUCHENNE MUSCULAR DYSTROPHY THE CENTER FOR GENETIC MEDICINE RESEARCH HAD \$ 16,498,981 IN EXPENSES FY 2018

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Return Reference	Explanation
PROGRAM SERVICE ACTIVITY 2	FORM 990, PART III, LINE 4B CENTER FOR TRANSLATIONAL SCIENCE THE CENTER FOR TRANSLATIONAL SCIENCE SUPPORTS THE FULL SPECTRUM OF INVESTIGATORS (FACULTY, TRAINEES, AND STAFF) AT CHILDREN'S NATIONAL WHO ARE PERFORMING PATIENT-CENTERED CLINICAL AND TRANSLATIONAL RESEARCH (CTR), AND HEALTH SERVICES RESEARCH (HSR) THE POOL OF SUCH INVESTIGATORS AT CHILDREN'S IS LARGE AND GROWING, AND THESE INDIVIDUALS APPROACH THEIR WORK WITH A WIDE RANGE OF EXPERIENCE, EXPERTISE, AND SUPPORT IT HOUSES BOTH LARGE PROGRAMS OF EXTRAMURALLY FUNDED RESEARCH (E G THE CLINICAL AND TRANSLATIONAL SCIENCE AWARD (CTSA) FUNDED BY NIH, THE HRSA-FUNDED PEDIATRIC EMERGENCY CARE AND APPLIED RESEARCH NETWORK/PECARN) AND FACULTY WITH LIMITED FUNDING WORKING ON SPECIFIC, LIMITED PROJECTS THIS GROWING CENTER EXPENSED \$21,098,347 IN FY 2018

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Return Reference	Explanation
PROGRAM SERVICE ACTIVITY 3	<p>FORM 990, PART III, LINE 4C CENTER FOR NEUROSCIENCE RESEARCH (CNR) THE CNR HAS GROWN RAPIDLY IN THE PAST 10 YEARS WITH SIGNIFICANT INCREASES IN THE PROGRAM AND THE GENERATION OF IMPORTANT SCIENTIFIC DISCOVERIES THE CNR CURRENTLY COMPRISES 50 FACULTY MEMBERS WITH FULL APPOINTMENTS AT OUR ACADEMIC AFFILIATE, THE GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE AND HEALTH SCIENCES (GW) IN RECOGNITION OF THESE ACCOMPLISHMENTS, CNMC CONSTRUCTED A NEW FLOOR OF LABORATORY SPACE IN 2008 TO SERVE AS HOME FOR THE CNR AND TO PROVIDE ADDITIONAL SPACE FOR RECRUITMENTS THE CNR CURRENTLY RESIDES IN OVER 12,000 SQUARE FEET OF OPEN ARCHITECTURE RESEARCH SPACE WE BELIEVE THAT THE CNR IS NOW UNIQUELY POISED TO ACCOMPLISH ITS MISSION, AS ITS RESEARCH PROGRAM, RESEARCH LABS, AND SUPPORTING INFRASTRUCTURES ARE NOW PHYSICALLY LOCATED ON THE 6TH FLOOR OF THE MAIN BUILDING OF CNMC THIS ALLOWS CLOSE INTERACTIONS BETWEEN BASIC NEUROSCIENTISTS, TRANSLATIONAL NEUROSCIENTISTS, AND CLINICIAN NEUROSCIENTISTS, INCLUDING CHILD NEUROLOGISTS, NEONATOLOGISTS, AND CRITICAL CARE PEDIATRICIANS THIS UNIQUE AND EXCITING SETTING HAS SUPPORTED AND PROMOTED A LARGE NUMBER OF RESEARCH PROJECTS THAT SPAN BASIC, TRANSLATIONAL AND CLINICAL RESEARCH IN NEURODEVELOPMENTAL DISORDERS THE CNR INCLUDES EIGHT MAJOR AREAS OF RESEARCH, INCLUDING NEURAL STEM CELLS AND DEVELOPMENTAL NEUROBIOLOGY, BRAIN INJURY AND BRAIN PROTECTION, PERINATAL HYPOXIA AND HYPEROXIA, EPILEPSY, NEURO-ONCOLOGY, NEUROFIBROMATOSIS, ATTENTION DEFICIT HYPERACTIVITY DISORDER, AND AUTISM THE CNR COMPRISES AN EXPANDING GROUP OF HIGHLY PRODUCTIVE LAB-BASED DEVELOPMENTAL NEUROSCIENTISTS, ALL OF WHOM HAVE ESTABLISHED STRONG RESEARCH PROGRAMS AND COLLABORATIONS IN THE AREA OF NEURODEVELOPMENTAL DISORDERS WHILE THESE INVESTIGATORS HAVE DISTINCT EXPERTISE AND RESEARCH PROGRAMS, THEIR RESEARCH AS A WHOLE IS FOCUSED ON CHILDHOOD NEUROLOGICAL DISORDERS, FROM EARLY STAGES OF WHEN THE NERVOUS SYSTEM IS FIRST ESTABLISHED, TO POSTNATAL STAGES THAT INCLUDE THE FORMATION OF NEURONAL CONNECTIONS AND THE WRAPPING OF NEURONAL PROCESSES BY THE MYELIN INSULATOR THUS, INVESTIGATORS AT THE CNR HAVE A COMMON GOAL FOR WHICH THEY ARE ALL STRIVING THE CENTER FOR NEUROSCIENCE RESEARCH HAD \$15,045,838 IN EXPENSES FY 2018</p>

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Return Reference	Explanation
OTHER PROGRAM SERVICES	<p>FORM 990, PART III, LINE 4D CENTER FOR CANCER AND IMMUNOLOGY RESEARCH THE CENTER FOR CANCER & IMMUNOLOGY RESEARCH (CCIR) AIMS TO DEVELOP AND APPLY SCIENTIFIC KNOWLEDGE IN THE AREA S OF CANCER, BLOOD, AND INFECTIOUS AND IMMUNOLOGIC DISORDERS TO ADVANCE PATIENT CARE THE CCIR WAS REORGANIZED TO INTEGRATE THE CLINICAL AND RESEARCH ENTERPRISES IN ONCOLOGY, INFECTIOUS DISEASE, HEMATOLOGY, ALLERGY, IMMUNOLOGY AND RHEUMATOLOGY IN ORDER TO BE ALIGNED WITH THE CENTER FOR CANCER AND BLOOD DISORDERS (CCBD) AND PROMOTE AND FACILITATE THE CONDUCT OF TRANSLATIONAL RESEARCH THIS REORGANIZATION HAS NOW RESULTED IN THE ESTABLISHMENT OF 5 SECTIONS 1 CHILDHOOD CANCER 2 INFECTIOUS DISEASE 3 CANCER IMMUNOLOGY/IMMUNOTHERAPY 4 HEMATOLOGY & TRANSFUSION MEDICINE 5 ALLERGY, IMMUNOLOGY, RHEUMATOLOGY THE NEW STRUCTURE HAS ALLOWED THE CCIR LEADERSHIP TO WORK CLOSELY WITH CCBD LEADERSHIP TO BETTER DEVELOP A STRATEGIC GOAL FOR THE FUTURE, INCLUDING STRATEGIC EXPANSION OF RESEARCH PROGRAMS RATHER THAN OPPORTUNISTIC RECRUITMENTS A PRIMARY FOCUS FOR THE NEXT 5 YEARS WILL BE TO ESTABLISH A COMPREHENSIVE CANCER CENTER WITH GWU THAT IS POSITIONED TO APPLY FOR NCI DESIGNATION IN 2022 THE CENTER OF CANCER AND IMMUNOLOGY RESEARCH HAD \$11,847,523 IN EXPENSES FY 2018 SHEIKH ZAYED INSTITUTE (SZI) FOR PEDIATRIC SURGICAL INNOVATION LAUNCHED IN SEPTEMBER 2009, THE RESEARCH SPACE OFFICIALLY OPENED IN APRIL 2011 THE SHEIKH ZAYED INSTITUTE FOR PEDIATRIC SURGICAL INNOVATION AT CHILDREN'S NATIONAL REDEFINES WHAT IS POSSIBLE IN SURGERY FOR CHILDREN BY COMBINING RESEARCH AND CLINICAL EXPERTISE INTO ONE COLLABORATIVE TEAM THE INSTITUTE DEVELOPS KNOWLEDGE, TOOLS, AND PROCEDURES THAT BENEFIT CHILDREN IN THE WASHINGTON DC REGION, ACROSS THE COUNTRY, AND AROUND THE WORLD THE PRIMARY FOCUS IS TO LEARN FROM TODAY'S SURGERIES AND CONDUCT INNOVATIVE RESEARCH BASED ON THAT KNOWLEDGE TO IMPROVE PEDIATRIC SURGERY FOR CHILDREN EACH YEAR THE SZI FACULTY PUBLISH OVER 90 PEER REVIEWED ARTICLES IN TOP RANKED JOURNALS, MORE THAN 50 NEW PATENTS HAVE FILED TO DATE, AND MORE THAN 10 STARTUP COMPANIES HAVE BEEN ESTABLISHED ALL FACULTY AT THE SZI NOW HOLD NATIONALLY RECOGNIZED PEER REVIEWED FUNDING THE SZI HOSTS THE NATIONAL CAPITAL CONSORTIUM FOR PEDIATRIC DEVICES INNOVATION, AN FDA FUNDED PROGRAM (ONE OF THE 8 IN THE COUNTRY), TO SUPPORT PEDIATRIC FOCUSED PRODUCT DEVELOPMENT AND ADVOCACY THE SHEIKH ZAYED INSTITUTE FOR PEDIATRIC SURGICAL INNOVATION HAD \$9,723,765 IN EXPENSES FY 2018</p>

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Return Reference	Explanation
ORGANIZATION MEMBERS	FORM 990, PART VI, LINES 6, 7A, AND 7B CHILDREN'S NATIONAL MEDICAL CENTER IS THE SOLE MEMBER OF CHILDREN'S RESEARCH INSTITUTE AND HAS THE RIGHT TO ELECT DIRECTORS OF CHILDREN'S RESEARCH INSTITUTE THE ARTICLES AND BY-LAWS OF CHILDREN'S RESEARCH INSTITUTE DESCRIBE CERTAIN RIGHTS RESERVED TO THE SOLE MEMBER

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Return Reference	Explanation
FORM 990 REVIEW	FORM 990, PART VI, LINE 11B THE RELEVANT COMMITTEES OF THE ORGANIZATION REVIEW APPLICABLE PORTIONS OF THE FORM 990 THE FORM 990 IS REVIEWED AND APPROVED BY THE CHAIRPERSON OF THE AUDIT COMMITTEE OF CNMC, AS WELL AS THE CHAIRMAN OF THE BOARD OF CNMC, PRIOR TO FILING WITH IRS CHILDREN'S RESEARCH INSTITUTE PROVIDES A COPY OF THE FORM 990 TO THE FULL CHILDREN'S RESEARCH INSTITUTE BOARD PRIOR TO FILING WITH THE IRS THE COMPLETED FORM 990 IS ALSO MADE AVAILABLE TO THE BOARD OF CHILDREN'S NATIONAL MEDICAL CENTER BEFORE FILING

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Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	FORM 990, PART VI, LINE 12C CHILDRENS NATIONAL MEDICAL CENTER AND SUBSIDIARIES ASKS THAT EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE COMPLETE A CONFLICT OF INTEREST FORM AT LEAST EVERY YEAR IN ADDITION EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE IS INSTRUCTED TO AMEND THE CONFLICT OF INTEREST FORM IMMEDIATELY UPON A CHANGE IN STATUS OF ANY OF THE QUESTIONS ON THE FORM THESE FORMS ARE REVIEWED ANNUALLY BY THE CHIEF LEGAL OFFICER AND CONFLICTS OF INTEREST ARE NOTED THE CHILDRENS NATIONAL MEDICAL CENTER BOARD MAKES A DETERMINATION, BASED ON THE RECOMMENDATION OF THE CHIEF LEGAL OFFICER AS TO WHICH PERSONS SHOULD BE CONSIDERED "INTERESTED PARTIES" BASED ON THE CRITERIA SET FORTH IN THE BOARDS GOVERNANCE POLICY CRIO FORMALLY ADOPTED THE CONFLICT OF INTEREST POLICY OF ITS PARENT, CHILDRENS NATIONAL MEDICAL CENTER, DURING ITS MAY-JUNE 2011 BOARD MEETINGS

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Return Reference	Explanation
GOVERNING POLICIES	FORM 990, PART VI, LINES 13 AND 14 CRI IS GOVERNED BY THE POLICIES OF ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER THESE POLICIES INCLUDE A WRITTEN WHISTLEBLOWER POLICY AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY

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Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINES 15A AND 15B CHILDREN'S RESEARCH INSTITUTE RELIES ON ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER, TO DETERMINE COMPENSATION FOR CRI'S PRESIDENT CHILDREN'S NATIONAL MEDICAL CENTER USED AN EXECUTIVE COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD TO ESTABLISH COMPENSATION

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Return Reference	Explanation
DOCUMENTS MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 19 CHILDREN'S RESEARCH INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SUBCONTRACTOR SERVICES TOTAL FEES 8110232

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED PERSONNEL TOTAL FEES 1660515

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 1131916

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTANT FEES TOTAL FEES 1047062

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL PROFESSIONAL FEES TOTAL FEES 557053

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S RESEARCH INSTITUTE

Employer identification number

52-1654453

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CPA 111 MICHIGAN AVE NW WASH DC, DC 20010 52-2072589	HEALTH CARE	DC	NA	N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CHILDREN'S NATIONAL HEALTH NETWORK 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1996521	HEALTH CARE	DC	NA	C Corp					No
(2) BEARACUDA RE PO BOX 69 KY1-1102 GRAND CAYMAN CJ	REINSURANCE	CJ	NA	C Corp					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 52-1654453
Name: CHILDREN'S RESEARCH INSTITUTE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1640402	FUNDRAISING	DC	501(C)(3)	7	CNMC		No
111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1640403	HEALTH CARE	DC	501(C)(3)	12-II	NA		No
1255 23rd Street NW Suite 400 WASHINGTON, DC 20037 52-1627574	INJURY PRVNTN	DC	501(C)(3)	12-I	CNMC		No
111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 52-1640399	INSURANCE	DC	501(C)(3)	12-III FI	CH		No
111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 53-0196580	HEALTH CARE	DC	501(C)(3)	3	CNMC		No
111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 27-1547370	CHILD CAMPS	DC	501(C)(3)	12-I	CH		No
111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 27-1564354	ADVOCACY	DC	501(C)(3)	12-II	CNMC		No
111 MICHIGAN AVENUE NW WASHINGTON, DC 20010 81-4291601	NURSING SVCS	DC	501(C)(3)	12-II	CNMC		No