

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

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

C Name of organization: Child Mind Institute Inc
% DAVID RIVERA-GARCIA DIR OF F
Doing business as
Number and street (or P O box if mail is not delivered to street address): 445 Park Avenue
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: New York, NY 10022
F Name and address of principal officer: DR HAROLD KOPLIEWICZ MD, 445 PARK AVENUE, NEW YORK, NY 10022

D Employer identification number: 80-0478843
E Telephone number: (212) 308-3118
G Gross receipts \$ 22,279,193
H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number

- I Tax-exempt status: 501(c)(3)
J Website: www.childmind.org
K Form of organization: Corporation

L Year of formation: 2009
M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: WE ARE DEDICATED TO TRANSFORMING THE LIVES OF CHILDREN STRUGGLING WITH MENTAL HEALTH AND LEARNING DISORDERS
2 Check this box 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: 32
4 Number of independent voting members of the governing body: 32
5 Total number of individuals employed in calendar year 2016: 106
6 Total number of volunteers (estimate if necessary): 54
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

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows 8-12 (Revenue) and 13-19 (Expenses).

Table with 4 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22 (Net Assets or Fund Balances).

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 (DAVID RIVERA-GARCIA DIRECTOR OF FINANCE) dated 2018-05-08

Paid Preparer Use Only: Print/Type preparer's name (CANDICE METH), Preparer's signature (CANDICE METH), Date, Check self-employed, PTIN (P01306891), Firm's name (EisnerAmper LLP), Firm's address (750 Third Avenue, New York, NY 100172703), Firm's EIN, Phone no (212) 949-8700

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

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,538,736 including grants of \$) (Revenue \$ 3,295)
See Additional Data

4b (Code) (Expenses \$ 6,518,094 including grants of \$) (Revenue \$ 49,467)
See Additional Data

4c (Code) (Expenses \$ 1,017,227 including grants of \$ 976,992) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 10,074,057

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (32), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
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. [X] Own website [] Another's website [X] 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: DAVID RIVERA-GARCIA DIR OF F 445 PARK AVENUE NEW YORK, NY 10022 (212) 308-3118

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

(A) Name and Title	(B) Average hours per week (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)							2,321,856	0	121,211	

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 ▶ 10

	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>	3 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>	4 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>	5	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
42ND STREET LESSEE, 110 EAST 42ND STREET NEW YORK, NY 10017	EVENT VENUE	270,969
BLUE STATE DIGITAL, 62187 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	HOSTING SERVICES	231,750
IMAGINE HEALTH, 510 2ND AVENUE SUITE 16E NEW YORK, NY 10016	PRODUCTION	112,000
RUBENSTEIN, 825 Eighth Avenue NEW YORK, NY 10019	Communications	105,000

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

Part VIII Statement of Revenue

Check if Schedule O contains a response 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	5,019,069				
	d Related organizations	1d					
	e Government grants (contributions)	1e	505,685				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,647,892				
	g Noncash contributions included in lines 1a-1f \$ _____		759,863				
	h Total. Add lines 1a-1f		16,172,646				
Program Service Revenue			Business Code				
	2a PROGRAM SERVICE FEES		900099	52,762	52,762		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		52,762					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			181,096		181,096	
	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					
		c Gain or (loss)	4,803,808	4,762,392			
		d Net gain or (loss)			41,416		41,416
	8a Gross income from fundraising events (not including \$ 5,019,069 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	a	289,922			
		c Net income or (loss) from fundraising events	b	289,922			
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		a	0				
c Net income or (loss) from gaming activities		b	0				
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	a	0				
	c Net income or (loss) from sales of inventory	b	0				
Miscellaneous Revenue	Business Code						
11a ADMINISTRATIVE SERVICES	900099	743,690	743,690				
b OTHER REVENUE	900099	35,269	35,269				
c _____							
d All other revenue							
e Total. Add lines 11a-11d		778,959					
12 Total revenue. See Instructions		17,226,879	831,721		222,512		

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	976,992	976,992		
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	1,481,755	489,893	359,249	632,613
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	5,010,991	4,106,714	599,952	304,325
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	152,028	111,322	19,082	21,624
9 Other employee benefits	516,445	293,763	141,671	81,011
10 Payroll taxes	456,202	306,393	107,675	42,134
11 Fees for services (non-employees)				
a Management	0			
b Legal	33,848	24,019	7,372	2,457
c Accounting	60,768	37,501	17,450	5,817
d Lobbying	83		83	
e Professional fundraising services See Part IV, line 17	232,600			232,600
f Investment management fees	47,544		47,544	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	275,651	152,467	77,535	45,649
12 Advertising and promotion	15,130	15,130		
13 Office expenses	312,393	241,848	35,734	34,811
14 Information technology	723,205	532,691	79,582	110,932
15 Royalties	0			
16 Occupancy	922,557	438,086	424,606	59,865
17 Travel	149,470	102,082	20,036	27,352
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	129,114	128,750	184	180
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	352,995	300,768	41,508	10,719
23 Insurance	166,440	106,643	43,695	16,102
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUB-CONTRACTORS	1,378,069	1,302,631	16,926	58,512
b PAYROLL PROCESSING FEES	168,843	137,541	25,947	5,355
c BANK FEES	74,519	16,703	22,980	34,836
d MARKETING	281,965	157,478	92,335	32,152
e All other expenses	239,618	94,642	48,053	96,923
25 Total functional expenses. Add lines 1 through 24e	14,159,225	10,074,057	2,229,199	1,855,969
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	1,117,304	1	673,917
	2 Savings and temporary cash investments	1,602,587	2	2,152,137
	3 Pledges and grants receivable, net	9,752,902	3	13,107,955
	4 Accounts receivable, net	19,698	4	30,038
	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	418,903	9	386,038
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,626,524		
	b Less accumulated depreciation	2,340,737		
	11 Investments—publicly traded securities	7,969,139	11	8,300,799
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	1,628,768	15	1,337,688
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,047,301	16	27,274,359	
Liabilities	17 Accounts payable and accrued expenses	1,010,104	17	1,379,263
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	819,910	25	666,975
	26 Total liabilities. Add lines 17 through 25	1,830,014	26	2,046,238
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,233,515	27	6,930,835
	28 Temporarily restricted net assets	12,983,772	28	16,297,286
	29 Permanently restricted net assets	2,000,000	29	2,000,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	22,217,287	33	25,228,121	
34 Total liabilities and net assets/fund balances	24,047,301	34	27,274,359	

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	17,226,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,159,225
3	Revenue less expenses Subtract line 2 from line 1	3	3,067,654
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,217,287
5	Net unrealized gains (losses) on investments	5	136,776
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	-193,596
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,228,121

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 checked="" type="checkbox"/> Separate basis <input 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		No
<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		

Additional Data

Software ID:

Software Version:

EIN: 80-0478843

Name: Child Mind Institute Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

PUBLIC EDUCATION and Outreach

Form 990, Part III, Line 4b:

SCIENCE AND INNOVATION

Form 990, Part III, Line 4c:

ACCESS TO CLINICAL CARE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BROOKE GARBER NEIDICH CHAIR AND DIRECTOR	6 0 0 0	X		X				0	0	0
DEBRA PERELMAN VICE CHAIR AND DIRECTOR	6 0 0 0	X		X				0	0	0
ELIZABETH FASCITELLI SECRETARY AND DIRECTOR	1 0 0 0	X		X				0	0	0
ANNE WELSH MCNULTY TREASURER AND DIRECTOR	1 0 0 0	X		X				0	0	0
ARTHUR ALTSCHUL JR DIRECTOR	1 0 0 0	X						0	0	0
LISA BROOKE DIRECTOR	1 0 0 0	X						0	0	0
RANDOLPH COWEN DIRECTOR	1 0 0 0	X						0	0	0
MARK DOWLEY DIRECTOR	1 0 0 0	X						0	0	0
MICHAEL FASCITELLI DIRECTOR	1 0 0 0	X						0	0	0
PHYLLIS GREEN DIRECTOR	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			
MARGARET GRIEVE DIRECTOR	1 0 0 0	X						0	0	0
JONATHAN HARRIS DIRECTOR	1 0 0 0	X						0	0	0
CRAIG HATKOFF DIRECTOR	1 0 0 0	X						0	0	0
JOSEPH HEALEY DIRECTOR	1 0 0 0	X						0	0	0
ELLEN KATZ DIRECTOR	1 0 0 0	X						0	0	0
HOWARD KATZ DIRECTOR	1 0 0 0	X						0	0	0
PREETHI KRISHNA DIRECTOR	1 0 0 0	X						0	0	0
CHRISTINE MACK DIRECTOR	1 0 0 0	X						0	0	0
RICHARD MACK DIRECTOR	1 0 0 0	X						0	0	0
JULIE MINSKOFF DIRECTOR	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			
VALERIE MNUCHIN DIRECTOR	1 0 0 0	X						0	0	0
DANIEL NEIDICH DIRECTOR	1 0 0 0	X						0	0	0
AMY PHELAN DIRECTOR	1 0 0 0	X						0	0	0
JOHN PHELAN DIRECTOR	1 0 0 0	X						0	0	0
JOSH RESNICK DIRECTOR	1 0 0 0	X						0	0	0
LINNEA ROBERTS DIRECTOR	1 0 0 0	X						0	0	0
JANE ROSENTHAL DIRECTOR	1 0 0 0	X						0	0	0
JORDAN SCHAPS DIRECTOR	1 0 0 0	X						0	0	0
LINDA SCHAPS DIRECTOR	1 0 0 0	X						0	0	0
DAVID SHAPIRO DIRECTOR	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									(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ZIBBY SCHWARZMAN DIRECTOR (AS OF 10/2016)	1 0 0 0	X						0	0	0	
RAM SUNDARAM DIRECTOR	1 0 0 0	X						0	0	0	
Dr Harold Koplewicz PRESIDENT	40 0 0 0			X				1,018,728	0	19,558	
Elizabeth Planet EXECUTIVE DIRECTOR	40 0 0 0			X				292,335	0	11,308	
David Rivera-Garcia DIRECTOR OF FINANCE AND ADMIN	40 0 0 0			X				197,466	0	16,542	
Natalie Cumberbatch Director of Human Resources	40 0 0 0					X		130,636	0	17,237	
Brett Dakin GENERAL COUNSEL	40 0 0 0					X		193,202	0	17,588	
Michael Milham Dir of Center for Devel Brain	40 0 0 0					X		217,191	0	12,519	
Deborah Trimble Associate Dir of Development	40 0 0 0					X		132,934	0	9,407	
Elizabeth McIntyre Director of Development	0 0 0 0						X	139,364	0	17,052	

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Child Mind Institute Inc

Employer identification number

80-0478843

Part I 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) and 170(b)(1)(A)(vi)

(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	12,689,311	11,448,199	10,494,029	17,344,498	16,172,646	68,148,683
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	12,689,311	11,448,199	10,494,029	17,344,498	16,172,646	68,148,683
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)						7,025,792
6 Public support. Subtract line 5 from line 4						61,122,891

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	12,689,311	11,448,199	10,494,029	17,344,498	16,172,646	68,148,683
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,049	7,119	147,648	163,417	181,096	514,329
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.)	960,706	639,285	582,502	678,167	778,959	3,639,619
11 Total support. Add lines 7 through 10						72,302,631
12 Gross receipts from related activities, etc (see instructions)					12	157,499
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	84.538%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	83.692%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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>		
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

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Child Mind Institute Inc	Employer identification number 80-0478843
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		83
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			83
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1, LOBBYING ACTIVITIES	CONSULTATION WITH MEMBERS OF THE NEW YORK CITY COUNCIL REGARDING SUPPORT FOR CMIS STUDENT SUCCESS PROGRAMS IN NEW YORK CITY SCHOOLS

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
2016
Open to Public Inspection

Name of the organization
Child Mind Institute Inc
Employer identification number
80-0478843

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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? Yes 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? Yes 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	2,017,895	1,972,722	2,000,000		
b Contributions				2,000,000	
c Net investment earnings, gains, and losses	203,492	95,173	-6,488		
d Grants or scholarships					
e Other expenditures for facilities and programs	108,000	50,000	20,790		
f Administrative expenses					
g End of year balance	2,113,387	2,017,895	1,972,722	2,000,000	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 94 630 %
 - c** Temporarily restricted endowment ▶ 5 370 %
- 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
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| 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		2,030,861	926,924	1,103,937
d Equipment		1,344,888	1,167,547	177,341
e Other		250,775	246,266	4,509
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,285,787

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
DEFERRED RENT LIABILITY	666,975
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	666,975

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	24,529,342
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	136,776	
b	Donated services and use of facilities	2b	7,213,231	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	7,350,007
3	Subtract line 2e from line 1		3	17,179,335
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	47,544	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	47,544
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	17,226,879

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	21,518,508
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	7,213,231	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	193,596	
e	Add lines 2a through 2d		2e	7,406,827
3	Subtract line 2e from line 1		3	14,111,681
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	47,544	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	47,544
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	14,159,225

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: 80-0478843

Name: Child Mind Institute Inc

Supplemental Information

Return Reference	Explanation
PART V, QUESTION 4	ENDOWMENT CMI'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED FUND TO SUPPORT A RESEARCH SCIENTIST POSITION AT CMI

Supplemental Information

Return Reference	Explanation
PART X, QUESTION 2	UNCERTAIN TAX POSITIONS THE TEXT OF THE FOOTNOTE TO CMI'S AUDITED FINANCIAL STATEMENTS THAT REPORTS CMI'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC TOPIC 740) IS AS FOLLOWS CMI IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES BECAUSE OF CMI'S GENERAL TAX-EXEMPT STATUS, ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON CMI'S FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2B	IN FY 2017, CHILD MIND INSTITUTE, INC ("CMI") RECEIVED \$5.2 MILLION IN THE FORM OF DONATED PLACEMENTS OF PUBLIC-SERVICE ANNOUNCEMENTS ("PSAS") IN VARIOUS FORMS OF MEDIA. THESE PSAS SERVED TO COMMUNICATE CMIS MISSION TO THE GENERAL PUBLIC. CMI ALSO RECEIVED \$1.1 MILLION IN PROFESSIONAL SERVICES TO CONDUCT A FEASIBILITY STUDY IN CONNECTION WITH A POSSIBLE EXPANSION OF ITS OPERATIONS. AS REQUIRED BY THE INTERNAL REVENUE SERVICE, THESE SERVICES ARE NOT REFLECTED ON THE REVENUE AND EXPENSES ON CMIS FORM 990. HOWEVER, THESE SERVICES ARE REPORTED AS IN-KIND REVENUE AND EXPENSES ON CMIS FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Child Mind Institute Inc

Employer identification number
80-0478843

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 EVENT ASSOCIATES INC	Benefit dinner		No	4,804,785	70,000	4,734,785
2 EVENT ASSOCIATES INC	SPRING LUNCHEON		No	334,846	6,000	328,846
3 EVENT ASSOCIATES INC	FALL LUNCHEON		No	169,360	6,500	162,860
4 COMMUNITY COUNSELLING SERV	FUNDRAISING COUNSEL		No		150,100	
5						
6						
7						
8						
9						
10						
Total				5,308,991	232,600	5,226,491

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		BENEFIT DINNER (event type)	SPRING LUNCH (event type)	1 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	4,804,785	334,846	169,360	5,308,991
2	Less Contributions	4,583,716	292,208	143,145	5,019,069
3	Gross income (line 1 minus line 2)	221,069	42,638	26,215	289,922
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	221,069		2,500	223,569
	7 Food and beverages		42,638	23,715	66,353
	8 Entertainment				
	9 Other direct expenses				
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				289,922
11	Net income summary Subtract line 10 from line 3, column (d) ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
Professional fundraiser	THE AMOUNT PAID TO THE PROFESSIONAL FUNDRAISER, EVENT ASSOCIATES, INC , REPRESENTS FEES PAID FOR THE PLANNING OF CMI'S DECEMBER 2016 ANNUAL BENEFIT DINNER, THE MAY 2017 SPRING LUNCHEON AND SEPTEMBER 2017 FALL LUNCHEON THE TOTAL AMOUNT PAID TO EVENT ASSOCIATES, INC FOR THE PLANNING OF THE DECEMBER 2016 ANNUAL BENEFIT DINNER WAS \$72,798, WHICH INCLUDED \$70,000 IN CONTRACT FEES AND \$2,798 IN REIMBURSABLE EXPENSES CMI PAID \$6,000 TO EVENT ASSOCIATES, INC FOR THE MAY 2017 SPRING LUNCHEON AND \$6,500 FOR THE SEPTEMBER 2017 FALL LUNCHEON, OF WHICH ALL IS ATTRIBUTABLE TO FEES IN FY 2017 CMI PAID \$42,000 IN THE PREVIOUS FISCAL YEAR AS A DEPOSIT FOR THE DECEMBER 2016 ANNUAL BENEFIT DINNER IN JULY 2017, CMI CONTRACTED WITH EVENT ASSOCIATES, INC FOR THE NOVEMBER 2017 ANNUAL BENEFIT DINNER, AND A \$52,500 DEPOSIT TOWARDS THAT CONTRACT WAS PAID TO EVENT ASSOCIATES, INC IN FY 2017 THE AMOUNT PAID TO THE PROFESSIONAL FUNDRAISING COUNSEL, COMMUNITY COUNSELLING SERVICE CO , LLC ("CCS"), REPRESENTS FEES PAID TO PROVIDE FUNDRAISING COUNSEL, INCLUDING ON OUR MAJOR GIFT CAMPAIGN THE TOTAL AMOUNT PAID TO CCS IN FY 2017 WAS \$150,100

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Child Mind Institute Inc

Employer identification number
80-0478843

Part I General Information on Grants and Assistance

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

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

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) financial aid program, see part iv	278	976,992			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART III, LINE 1A	THE CHILD MIND INSTITUTE ("CMI") CONTRIBUTES TO A FINANCIAL AID PROGRAM THAT OFFERS ELIGIBLE FAMILIES A FEE DISCOUNT FOR DIAGNOSTIC EVALUATIONS AND ONGOING TREATMENT FOR CHILDREN WITH MENTAL HEALTH DISORDERS AT CHILD MIND MEDICAL PRACTICE, PLLC (THE "PRACTICE") THE PROGRAM IS DESIGNED TO ALLOW PATIENTS FROM LOW-INCOME FAMILIES TO QUALIFY, WHILE ALSO ACCOMODATING MIDDLE-INCOME FAMILIES WHO FACE OTHER FINANCIAL STRAINS IN FY 2017 CMI CONTRIBUTED \$976,992 IN FINANCIAL AID TO 278 PATIENTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

2015
Open to Public Inspection

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

Name of the organization
Child Mind Institute Inc

Employer identification number
80-0478843

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>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.</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<p>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:</p> <p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes
<p>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.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Dr Harold Koplewicz PRESIDENT	(i)	704,173	314,555	0	10,000	9,558	1,038,286	0
	(ii)	0	0	0	0	0	0	0
2 Elizabeth Planet EXECUTIVE DIRECTOR	(i)	292,335	0	0	10,000	1,308	303,643	0
	(ii)	0	0	0	0	0	0	0
3 David Rivera-Garcia DIRECTOR OF FINANCE AND ADMIN	(i)	197,466	0	0	10,000	6,542	214,008	0
	(ii)	0	0	0	0	0	0	0
4 Brett Dakin GENERAL COUNSEL	(i)	193,202	0	0	10,000	7,588	210,790	0
	(ii)	0	0	0	0	0	0	0
5 Elizabeth McIntyre Director of Development	(i)	139,364	0	0	8,174	8,878	156,416	0
	(ii)	0	0	0	0	0	0	0
6 Michael Milham Dir of Center for Devel Brain	(i)	217,191	0	0	10,000	2,519	229,710	0
	(ii)	0	0	0	0	0	0	0

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
SCHEDULE J, PART I, LINE 3	CMI'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION REVIEW POLICY, WHICH IT FOLLOWS WHEN APPROVING THE COMPENSATION AND BENEFITS OF THE PRESIDENT. THE PRESIDENT'S COMPENSATION IS REVIEWED EVERY TWO YEARS BY AN INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW SIMILAR POSITIONS IN COMPARABLE NON-PROFIT ORGANIZATIONS. EACH YEAR, THE COMPENSATION COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH IS COMPOSED OF NON-INTERESTED MEMBERS, REVIEWS THE INDEPENDENT CONSULTANT'S REPORT, INCLUDING APPROPRIATE COMPARABILITY DATA, AND MAKES A DETERMINATION ABOUT THE PRESIDENT'S ANNUAL COMPENSATION BASED ON ALL RELEVANT FACTORS, ENSURING THAT THE COMPENSATION IS REASONABLE. THE COMMITTEE REVIEWS THE PRESIDENT'S TOTAL COMPENSATION, WHICH INCLUDES BOTH CURRENT COMPENSATION AND ALL QUALIFIED EMPLOYEE BENEFITS. THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE COMMITTEE'S MINUTES AND RETAINED IN CMI'S RECORDS.
SCHEDULE J, PART I, LINE 7	THE COMPENSATION OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 IS REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR (OR THE PRESIDENT, IN THE CASE OF THE EXECUTIVE DIRECTOR) WITH THE ASSISTANCE OF STAFF IN CONJUNCTION WITH THE INDIVIDUAL'S PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT THE COMPENSATION IS REASONABLE. EVERY TWO YEARS, CMI ENGAGES AN INDEPENDENT CONSULTANT TO CONDUCT A REVIEW OF THE ORGANIZATION'S PAY PRACTICES AND TO ESTABLISH SALARY RANGES FOR ALL POSITIONS BASED ON COMPARABILITY DATA. GENERALLY, THE MIDPOINT OF THE ORGANIZATION'S SALARY RANGES FALLS WITHIN THE SALARY RANGE AVERAGES OF COMPARABLE NON-PROFIT ORGANIZATIONS. PERFORMANCE REVIEWS ARE THEN USED TO ESTABLISH AN INDIVIDUAL EMPLOYEE'S COMPENSATION WITHIN THE APPROPRIATE SALARY RANGE.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Child Mind Institute Inc

Employer identification number

80-0478843

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHILD MIND MEDICAL PRACTICE PLLC	SEE PART V		SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	<p>(A) INTERESTED PERSON DR HAROLD KOPLEWICZ (B) ENTITY CHILD MIND MEDICAL PRACTICE, PLLC (C) RELATIONSHIP DR HAROLD KOPLEWICZ, PRESIDENT OF CHILD MIND INSTITUTE, INC (THE "INSTITUTE"), IS ALSO A MEMBER OF CHILD MIND MEDICAL PRACTICE, PLLC (THE "PRACTICE") THE PRACTICE WAS FORMED TO PROVIDE CLINICAL CARE AND TREATMENT TO CHILDREN AND ADOLESCENTS AND TO PERFORM CERTAIN ACTIVITIES RELATED TO THE INSTITUTE'S RESEARCH IN BRAIN DEVELOPMENT, WHICH UNDER APPLICABLE NEW YORK LAW THE INSTITUTE IS NOT PERMITTED TO PERFORM THESE CLINICAL CARE AND RESEARCH ACTIVITIES ARE CRITICAL TO THE INSTITUTE'S MISSION TO TRANSFORM THE LIVES OF CHILDREN AND FAMILIES STRUGGLING WITH MENTAL HEALTH AND LEARNING DISORDERS (D) TRANSACTIONS (1) FORMATION UNDER APPLICABLE NEW YORK LAW, ONLY PERSONS WHO ARE LICENSED TO PRACTICE MEDICINE MAY HOLD AN OWNERSHIP INTEREST IN AN ENTITY FORMED TO PROVIDE CLINICAL CARE AND TREATMENT THE INSTITUTE, AS A NEW YORK NOT-FOR-PROFIT CORPORATION, IS THEREFORE NOT PERMITTED TO HOLD AN OWNERSHIP INTEREST IN THE PRACTICE IN FURTHERANCE OF THE INSTITUTE'S MISSION, TO PROTECT INSTITUTE'S INTERESTS, TO SUPPORT CLINICAL AND RESEARCH ACTIVITIES CONDUCTED BY THE PRACTICE, AND TO COMPLY WITH THE FOREGOING OWNERSHIP REQUIREMENT, DR KOPLEWICZ, A LICENSED PHYSICIAN, BECAME THE CONTROLLING MEMBER OF THE PRACTICE THE MEMBERSHIP INTERESTS IN THE PRACTICE HAVE BEEN STRUCTURED SO THAT NEITHER MEMBER CAN RECEIVE, OR OTHERWISE REALIZE, ANY ECONOMIC BENEFIT FROM HOLDING THESE MEMBERSHIP INTERESTS OR FROM THE SALE OR OTHER DISPOSITION THEREOF THE MEMBERS HAVE ENTERED INTO A BUY-SELL AGREEMENT WITH THE PRACTICE PURSUANT TO WHICH THEY HAVE AGREED NOT TO SELL THEIR INTERESTS TO ANY PARTY OTHER THAN THE PRACTICE, WHICH MAY RE-PURCHASE THEIR INTERESTS FOR AN AMOUNT NOT TO EXCEED THE NOMINAL AMOUNT THAT THE MEMBERS PAID TO ACQUIRE THEM FURTHER, THE PRACTICE'S ARTICLES OF ORGANIZATION PROVIDE THAT THE PRACTICE IS TO BE OPERATED SOLELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES IN FURTHERANCE AND SUPPORT OF THE INSTITUTE'S MISSION TO THE EXTENT NOT INCONSISTENT WITH RELEVANT NEW YORK LAW NONE OF THE PRACTICE'S ASSETS, NET EARNINGS, INCOME OR PROFIT MAY BE DISTRIBUTED TO ANY MEMBER, MANAGER, OFFICER OR EMPLOYEE OF THE PRACTICE OR OTHER PRIVATE PERSON, AND IF THE PRACTICE IS EVER DISSOLVED, ITS ASSETS AND PROPERTY MUST BE DISTRIBUTED TO A CHARITABLE ORGANIZATION QUALIFYING FOR EXEMPTION FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (2) AFFILIATION AGREEMENT THE INSTITUTE, THE PRACTICE AND ITS MEMBERS HAVE ALSO ENTERED INTO AN AFFILIATION AGREEMENT PROVIDING THAT THE MEMBERS HOLD THEIR INTERESTS IN THE PRACTICE SOLELY FOR THE BENEFIT OF THE INSTITUTE AND THE INSTITUTE HAS THE RIGHT, IN ITS SOLE DISCRETION, TO FORCE THE TRANSFER OF A MEMBERS INTERESTS IN THE PRACTICE TO ANOTHER LICENSED PHYSICIAN (3) RESTRICTED GRANT AGREEMENT TO FACILITATE THE FORMATION OF THE PRACTICE AND THE CONDUCT BY THE PRACTICE OF CLINICAL AND RESEARCH ACTIVITIES THAT FURTHER THE INSTITUTE'S MISSION, THE INSTITUTE ENTERED INTO A RESTRICTED GRANT AGREEMENT WITH THE PRACTICE PURSUANT TO WHICH THE INSTITUTE AGREED TO MAKE SPECIAL PURPOSE RESTRICTED GRANTS TO THE PRACTICE UP TO THE AGGREGATE AMOUNT OF \$1,750,000 THE RESTRICTED GRANT AGREEMENT PROVIDES, AMONG OTHER THINGS, THAT (A) THE PRACTICE IS REQUIRED TO OPERATE IN A MANNER THAT IS, AND LIMITS ITS ACTIVITIES TO THOSE THAT ARE, CONSISTENT WITH AND FURTHER THE MISSION OF THE INSTITUTE, (B) THE GRANT MUST BE USED BY THE PRACTICE EXCLUSIVELY IN CONNECTION WITH THE CONDUCT OF ACTIVITIES THAT FURTHER AND SUPPORT THE INSTITUTE'S MISSION, AND (C) THE PRACTICE MUST OBSERVE VARIOUS REPORTING, BUDGETARY AND OTHER FINANCIAL REQUIREMENTS AND ENGAGE AUDITORS ACCEPTABLE TO THE INSTITUTE IF THE PRACTICE FAILS TO OBSERVE THE REQUIREMENTS OF THE RESTRICTED GRANT AGREEMENT, THE AGREEMENT MAY BE TERMINATED, IN WHICH CASE UNSPENT FUNDS MUST BE RETURNED TO THE INSTITUTE AND DAMAGES MAY BE DUE TO DATE, THE INSTITUTE HAS MADE GRANTS TO THE PRACTICE IN THE AGGREGATE AMOUNT OF \$690,000, ALL PRIOR TO FY 2012 (4) ADMINISTRATIVE SERVICES AGREEMENT PURSUANT TO AN ADMINISTRATIVE SERVICES AGREEMENT BETWEEN THE INSTITUTE AND THE PRACTICE, THE INSTITUTE PROVIDES CERTAIN ADMINISTRATIVE SERVICES TO THE PRACTICE FOR WHICH THE PRACTICE COMPENSATES THE INSTITUTE CONSISTENT WITH THE INSTITUTE'S INTERNAL POLICIES AND PROCEDURES, THIS COMPENSATION IS BASED ON THE FAIR MARKET VALUE OF THE SERVICES DETERMINED ACCORDING TO AN ARM'S LENGTH PROCESS WITH GUIDANCE FROM EXTERNAL INDEPENDENT ADVISORS THE PRACTICE'S PAYMENT OBLIGATION TO THE INSTITUTE FOR SERVICES PROVIDED UNDER THE ADMINISTRATIVE SERVICES AGREEMENT IS CURRENTLY REFLECTED AS A RECEIVABLE ON THE INSTITUTE'S FINANCIAL STATEMENTS IN THE AMOUNT OF \$1,438,808, AS REFLECTED IN PART X OF THIS FORM 990 DURING FY 2017, THE INSTITUTE INCURRED \$743,690 OF COSTS ASSOCIATED WITH PROVIDING ADMINISTRATIVE SERVICES TO THE PRACTICE, OF WHICH \$727,190 HAS BEEN REIMBURSED (5) LICENSE AGREEMENT PURSUANT TO A LICENSE AGREEMENT BETWEEN THE INSTITUTE AND THE PRACTICE, THE INSTITUTE GRANTED A ROYALTY-FREE LICENSE TO USE CERTAIN OF ITS TRADEMARKS AND DOMAIN NAMES TO THE PRACTICE SUBJECT TO CERTAIN TERMS AND CONDITIONS, INCLUDING THE INSTITUTE'S RIGHT TO TERMINATE THE LICENSE AGREEMENT IN THE EVENT OF THE PRACTICE'S BREACH OF THE TERMS AND CONDITIONS OF THE RESTRICTED GRANT AGREEMENT (6) GRANT SERVICES AGREEMENT PURSUANT TO A GRANT SERVICES AGREEMENT BETWEEN THE INSTITUTE AND THE PRACTICE, THE INSTITUTE ENGAGES THE PRACTICE TO PROVIDE CERTAIN SERVICES REQUIRED BY CONTRIBUTIONS OR GRANTS THAT THE INSTITUTE HAS RECEIVED AND WHICH THE INSTITUTE IS UNABLE TO PROVIDE THE INSTITUTE DISCLOSES TO ITS DONORS AND GRANTORS THAT SERVICES WILL BE SUB-CONTRACTED TO THE PRACTICE TO SATISFY THE REQUIREMENTS OF THE DONATION OR GRANT DURING FY 2017, AMOUNTS PAID TO THE PRACTICE PURSUANT TO THE GRANT SERVICES AGREEMENT IN PERFORMANCE OF THESE REQUIREMENTS AMOUNTED TO \$704,868, INCLUDED UNDER SUB-CONTRACTOR EXPENSES IN PART IX OF THIS FORM 990 (E) BOARD OVERSIGHT OF RELATIONSHIP AND TRANSACTIONS AS NOTED ABOVE, DR KOPLEWICZ IS BOTH THE PRESIDENT OF THE INSTITUTE AND A MEMBER OF THE PRACTICE ACCORDINGLY, THE TRANSACTIONS BETWEEN THE INSTITUTE AND THE PRACTICE, INCLUDING THE AGREEMENTS DESCRIBED ABOVE, WERE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OF THE INSTITUTE FURTHERMORE, THE AUDIT & FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF THE INSTITUTE OVERSEES THE ONGOING RELATIONSHIP BETWEEN THE INSTITUTE AND THE PRACTICE IN ACCORDANCE WITH THE INSTITUTE'S CONFLICT OF INTEREST AND DISCLOSURE POLICY</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Child Mind Institute Inc

Employer identification number
80-0478843

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	759,863	fmv
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a	Yes	

Part II Supplemental Information.

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

Return Reference	Explanation
FORM 990, SCHEDULE M, LINE 32A	The institute receives donated securities which in turn are converted to cash proceeds from sales of donated securities through an unrelated intermediary organization

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
Child Mind Institute Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

80-0478843

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	CMI MISSION WE ARE AN INDEPENDENT NONPROFIT DEDICATED TO TRANSFORMING THE LIVES OF CHILDREN AND FAMILIES STRUGGLING WITH MENTAL HEALTH AND LEARNING DISORDERS OUR TEAMS WORK EVERY DAY TO DELIVER THE HIGHEST STANDARDS OF CARE, ADVANCE THE SCIENCE OF THE DEVELOPING BRAIN, AND EMPOWER PARENTS, PROFESSIONALS AND POLICYMAKERS TO SUPPORT CHILDREN WHEN AND WHERE THEY NEED IT MOST TOGETHER WITH OUR SUPPORTERS, WE ARE HELPING CHILDREN REACH THEIR FULL POTENTIAL IN SCHOOL AND IN LIFE

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>PROGRAM SERVICE, PUBLIC EDUCATION AND OUTREACH THE CHILD MIND INSTITUTE HAS A PUBLIC EDUCATION MISSION TO PROVIDE AUTHORITATIVE, SCIENCE-BASED INFORMATION AND RESOURCES ABOUT CHILDREN'S MENTAL HEALTH TO PARENTS, EDUCATORS, AND OTHER MENTAL HEALTH PROFESSIONALS CHILD MIND ORG - CHILD MIND ORG - THE CHILD MIND INSTITUTE'S WEB SITE CONTAINS A WEALTH OF INFORMATION, NEWS, ADVICE AND STRATEGIES FOR PARENTS, EDUCATORS, AND OTHER PROFESSIONALS DEALING WITH PSYCHIATRIC AND LEARNING DISORDERS IN CHILDREN AND ADOLESCENTS CHILD MIND ORG HAS PARTNERED WITH DOZENS OF OTHER SITES AND BLOGS TO SHARE CONTENT AND ENLARGE THE FOOTPRINT OF THE ARTICLES AND RESOURCES WE HAVE CREATED, AND A ROBUST SOCIAL MEDIA CAMPAIGN USES TOOLS LIKE FACEBOOK AND TWITTER TO SPREAD THE WORD SPEAK UP FOR KIDS - SPEAK UP FOR KIDS IS THE CHILD MIND INSTITUTE'S NATIONAL PUBLIC EDUCATION CAMPAIGN HELD EACH YEAR TO BATTLE THE BARRIERS THAT CAN PREVENT KIDS AND FAMILIES FROM SEEKING LIFE-CHANGING TREATMENT BY PROMOTING AWARENESS AND ENGAGING A BROAD COALITION OF PARTNERS, THE CAMPAIGN SPARKS THE KIND OF NATIONAL ATTENTION THAT CHILDREN'S MENTAL HEALTH TRULY DESERVES SPEAK UP FOR KIDS FEATURES EVENTS, INFLUENTIAL SPEAKERS, RESOURCES FOR PARENTS AND FAMILIES, SYNCHRONIZED DIGITAL ACTIVITIES, AND MULTI-PLATFORM MEDIA ENGAGEMENT IN 2017, THE CHILD MIND INSTITUTE'S INAUGURAL #MYOUNGERSELF CAMPAIGN REACHED MILLIONS AROUND THE WORLD WITH MESSAGES OF HOPE ABOUT GROWING UP WITH A MENTAL HEALTH OR LEARNING DISORDER FORTY-FOUR PROMINENT INDIVIDUALS - INCLUDING OSCAR, GRAMMY, TONY AND EMMY AWARD WINNERS AND AN OLYMPIC GOLD MEDALIST - SHARED PERSONAL STORIES OF THEIR OWN CHILDHOOD CHALLENGES IN CANDID VIDEOS, ENCOURAGING OTHERS WHO ARE STRUGGLING TO REACH OUT FOR THE HELP THAT CAN CHANGE THEIR LIVES ADAM JEFFREY KATZ MEMORIAL LECTURE - DESIGNED TO RAISE AWARENESS AND EDUCATE THE PUBLIC ABOUT CHILDHOOD PSYCHIATRIC AND LEARNING DISORDERS, THIS ANNUAL LECTURE WAS LAUNCHED IN 2003 AS A LIVING MEMORIAL TO ADAM KATZ, WHO STRUGGLED WITH ADHD AND DYSLLEXIA THE LECTURE FEATURES A LEADING EXPERT IN THE FIELD, FOLLOWED BY A CANDID CONVERSATION WITH A PROMINENT GUEST ABOUT LIVING WITH A MENTAL HEALTH DISORDER ON THE SHOULDERS OF GIANTS - EACH YEAR, THE CHILD MIND INSTITUTE'S SCIENTIFIC RESEARCH COUNCIL SELECTS A SCIENTIST TO RECEIVE THE DISTINGUISHED SCIENTIST AWARD FOR HIS OR HER LIFETIME OF RESEARCH AND CONTRIBUTIONS TO THE FIELDS OF CHILD MENTAL HEALTH AND DEVELOPMENTAL NEUROSCIENCE AT THE ON THE SHOULDERS OF GIANTS SYMPOSIUM, THE AWARDEE IS A FEATURED SPEAKER, ALONG WITH TWO GENERATIONS OF HIS OR HER PROTEGES THIS PRESENTATION GIVES THE RESEARCH COMMUNITY, AND PARTICULARLY YOUNGER SCIENTISTS, A VIEW INTO THE TRANSFORMATIONAL POWER OF DEDICATION AND COLLABORATION IN SCIENCE STUDENT ART PROJECT - EACH YEAR, THE CHILD MIND INSTITUTE INVITES LOCAL PUBLIC AND INDEPENDENT SCHOOLS TO PARTICIPATE IN OUR GALLERY PROGRAM DEDICATED TO DISPLAYING WORKS OF ART CREATED BY STUDENT ARTISTS PARENT AND EDUCATOR WORKSH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>OPS ON CLINICAL TOPICS - THE PARENT AND EDUCATOR WORKSHOPS COVER A RANGE OF ISSUES AFFECTING CHILDREN, INCLUDING SELECTIVE MUTISM, ADHD, OBSESSIVE-COMPULSIVE DISORDER, AND OTHERS THESE EDUCATIONAL WORKSHOPS PROVIDE AN OPPORTUNITY FOR PARENTS, TEACHERS, AND OTHER CARING PROFESSIONALS TO GAIN NEW KNOWLEDGE, INSIGHTS AND SKILLS TO IMPROVE THEIR ABILITY TO PARENT AND NURTURE CHILDREN WITH THESE DISORDERS AND HELP THEM THRIVE STUDENT SUCCESS PROGRAMS IN FY 2017, THE CHILD MIND INSTITUTES STUDENT SUCCESS PROGRAMS PROVIDED MENTAL HEALTH SERVICES TO SCHOOLS ACROSS NEW YORK CITY THE TRAUMA AND RESILIENCE PROGRAM BROUGHT TRAUMA TREATMENT, RESILIENCE-BUILDING INTERACTIVE WORKSHOPS, PROFESSIONAL DEVELOPMENT, AND PSYCHO-EDUCATIONAL WORKSHOPS TO THOUSANDS OF STUDENTS, PARENTS, AND EDUCATORS ADDITIONALLY, THE TRAUMA AND RESILIENCE PROGRAM PROVIDED VITAL RESOURCES TO ALL 1,800+ NEW YORK CITY PUBLIC SCHOOLS TO HELP EDUCATORS AND PARENTS SUPPORT STUDENTS IN THE WAKE OF TRAUMATIC EVENTS AND TIMES OF GRIEF THE ASSESSMENT, CONSULTATION, COACHING AND EVIDENCE-BASED SCHOOL SUPPORT (ACCESS) BEHAVIOR PROGRAM PROVIDED LIVE, IN-PERSON CLASSROOM COACHING AND CONSULTATION AND PROFESSIONAL DEVELOPMENT TO HUNDREDS OF EDUCATORS, DIAGNOSTIC EVALUATIONS TO STUDENTS, AND WORKSHOPS TO PARENTS TO BRING SUPPORT TO HIGH-NEED CHILDREN AND EDUCATORS IN PUBLIC AND CHARTER SCHOOLS IN HARLEM, THE BRONX, AND QUEENS PROJECT UROK - PROJECT UROK IS AN INITIATIVE OF THE CHILD MIND INSTITUTE WITH ONE SIMPLE GOAL DE-STIGMATIZATION THROUGH STORYTELLING THROUGH PROJECT UROK WE SHARE FUNNY, MEANINGFUL VIDEOS FOR TEENAGERS STRUGGLING WITH MENTAL HEALTH ISSUES, MADE BY PEOPLE WHO HAVE BEEN THERE BEFORE, AND PROVIDE CONTENT THAT ENGAGES AND SUPPORTS THOSE WHO NEED IT MOST</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>PROGRAM SERVICE, SCIENCE AND INNOVATION THE CHILD MIND INSTITUTE HAS A SCIENCE AND INNOVATION MISSION THAT UNDERSCORES THE TRANSFORMATIVE POWER OF COLLABORATIVE RESEARCH IN THE FIELD OF CHILDREN'S MENTAL HEALTH THE CENTER FOR THE DEVELOPING BRAIN IS DEDICATED TO ACCELERATING THE PACE OF SCIENTIFIC ADVANCEMENT FOR CHILDREN'S MENTAL HEALTH THROUGH THE CONDUCT AND PROMOTION OF HIGH-IMPACT RESEARCH FOCUSED ON THE DEVELOPING BRAIN AND MENTAL ILLNESS THE CENTER ACTIVELY WORKS TO INNOVATE MODELS OF THE NEURAL UNDERPINNINGS OF MENTAL ILLNESSES, AS WELL AS THE METHODOLOGIES EMPLOYED BY INVESTIGATORS TO EXAMINE THEM ADDITIONALLY, THE CENTER SPEARHEADS A LARGE-SCALE OPEN SCIENCE INITIATIVE THAT SERVES TO DEMONSTRATE THE FEASIBILITY AND VALUE OF OPEN DATA-SHARING IN THE BRAIN IMAGING COMMUNITY KNOWN AS THE INTERNATIONAL NEUROIMAGING DATA-SHARING INITIATIVE, THIS EFFORT HAS GIVEN RESEARCHERS WHO ONCE STRUGGLED TO OBTAIN A FEW DOZEN DATASETS FOR THEIR WORK ACCESS TO THOUSANDS OF DATASETS FROM CLINICAL AND NONCLINICAL POPULATIONS ENDEAVOR SCIENTIST PROGRAM - THE ENDEAVOR SCIENTIST PROGRAM IS A PIONEERING EFFORT LAUNCHED BY THE CHILD MIND INSTITUTE TO SUPPORT THE DEVELOPMENT OF TALENTED, MULTIDISCIPLINARY SCIENTISTS IN RESEARCH POSITIONS AT ACADEMIC AND MEDICAL INSTITUTIONS AROUND THE GLOBE RECRUITED FROM VARIOUS FIELDS SUCH AS COMPUTER SCIENCE, ENGINEERING, MATHEMATICS, AND STATISTICS, THESE SCIENTISTS COLLABORATE ON RESEARCH THAT PURSUES A DEEPER UNDERSTANDING OF HUMAN BRAIN DEVELOPMENT HEALTHY BRAIN NETWORK - THE HEALTHY BRAIN NETWORK IS AN INNOVATIVE NEUROSCIENCE RESEARCH PROGRAM AIMED AT BUILDING THE LARGEST, MOST COMPREHENSIVE DATA RESOURCE FOCUSED EXCLUSIVELY ON CHILDREN AND ADOLESCENTS AND SHARING THE DATA WITH SCIENTISTS GLOBALLY THROUGH A PROVEN BIG DATA AND OPEN SCIENCE PARADIGM, THIS INITIATIVE WILL SPUR THE DISCOVERY OF BRAIN-BASED BIOMARKERS OF PSYCHIATRIC AND LEARNING DISORDERS CMI EXPECTS THAT THE RESEARCH WILL LEAD TO THE DEVELOPMENT OF OBJECTIVE CLINICAL TOOLS FOR MENTAL HEALTH PRACTITIONERS TO PROVIDE MORE ACCURATE DIAGNOSES AND TREATMENT PROTOCOLS FOR STRUGGLING CHILDREN THE HEALTHY BRAIN NETWORK AIMS TO ESTABLISH A REPOSITORY OF IMAGES (FMRI AND EEG), GENETIC INFORMATION, CARDIOVASCULAR FITNESS AND NUTRITION ASSESSMENTS, IQ ASSESSMENTS, AND CLINICAL EVALUATIONS ON 10,000 CHILDREN AND ADOLESCENTS (AGES 5-21) FROM COMMUNITIES ACROSS THE NEW YORK METROPOLITAN AREA THROUGH A COLLABORATIVE DATA-SHARING MODEL, MULTI-DISCIPLINARY RESEARCHERS FROM AROUND THE WORLD WILL HAVE ACCESS TO THIS RICH RESOURCE AS IT IS BEING COLLECTED TO STIMULATE ANALYSIS, HYPOTHESIS GENERATION AND TESTING FURTHERMORE, THIS COMMUNITY-BASED APPROACH WILL PROVIDE FREE DIAGNOSTIC CLINICAL EVALUATIONS TO THE CHILDREN WHO PARTICIPATE, AS WELL AS REFER CARE FOR FAMILIES IN THEIR HOME COMMUNITY THIS IS AN INVALUABLE BENEFIT TO THESE FAMILIES, MANY OF WHOM WOULD NOT OTHERWISE HAVE ACCESS TO SUCH A RESOURCE SCIENTIFIC RESEARCH COUNCIL - SELECTED FROM AMONG THE NATION'S</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	TOP CHILDREN'S MENTAL HEALTH SCIENTISTS, THE SCIENTIFIC RESEARCH COUNCIL BRINGS TOGETHER SCIENTISTS AND RESEARCH CLINICIANS TO CREATE A GLOBAL INCUBATOR FOR COLLABORATIVE RESEARCH IN CHILDREN'S MENTAL HEALTH FUNCTIONING AS A MULTI-INSTITUTIONAL SCIENTIFIC THINK-TANK, THE COUNCIL INCLUDES DISTINGUISHED SCIENTISTS IN THE FIELDS OF CHILD AND ADOLESCENT PSYCHIATRY, PSYCHOLOGY, NEUROSCIENCE, AND NEUROLOGY, AND EXPERTS IN ANXIETY AND MOOD DISORDERS, ADHD, AUTISM SPECTRUM DISORDERS, AND EATING DISORDERS INNOVATIVE TECHNOLOGIES LAB - THROUGH THE SENSORS AND WEARABLES PROGRAM, THE INNOVATIVE TECHNOLOGIES LAB IS DEVELOPING WEARABLE TECHNOLOGIES AND MOBILE APPS THAT HELP GATHER REAL-WORLD DATA USEFUL FOR SCIENTISTS STUDYING THESE DISORDERS, AND CREATING ROBUST RESEARCH PROTOCOLS SO DATA IS OF HIGH QUALITY AND DEPENDABLE THIS INFORMATION--BIOMETRICS, DATA ON ENVIRONMENTAL STRESSORS, MOVEMENT AND BEHAVIOR TRACKING--CAN POTENTIALLY BE USED TO ALERT YOUNG PEOPLE AND FAMILIES TO THE ONSET OF SYMPTOMATIC BEHAVIORS THE LAB IS ALSO WORKING ON A DATABASE THAT EVALUATES THE RESEARCH SUPPORT FOR APPS AND MATCHES THEM TO THE BEHAVIORS AND SYMPTOMS THEY CAN HELP THE HOPE IS THAT LARGE-SCALE, STANDARDIZED DATA-COLLECTION AND ANALYSIS WILL LEAD TO SIMPLE BUT POWERFUL MOBILE TOOLS FOR DIAGNOSIS AND EVALUATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	PROGRAM SERVICES, ACCESS TO CLINICAL CARE THE CHILD MIND INSTITUTE AIMS TO HELP CHILDREN, TEENS, AND FAMILIES ACCESS THE CLINICAL CARE THEY NEED TO LIVE HEALTHY, FULFILLING LIVES FINANCIAL AID PROGRAM - THE CHILD MIND INSTITUTE LAUNCHED ITS FINANCIAL AID PROGRAM IN AN EFFORT TO HELP CHILDREN AND FAMILIES RECEIVE CARE AND TREATMENT, REGARDLESS OF ECONOMIC STANDING, FROM CLINICIANS AT THE CHILD MIND MEDICAL PRACTICE THE FINANCIAL AID PROGRAM OFFERS ELIGIBLE FAMILIES A FEE DISCOUNT OF UP TO 70% OF THE COST OF SERVICES IT IS DESIGNED IN A WAY THAT ALLOWS PATIENTS FROM LOW-INCOME FAMILIES TO QUALIFY, WHILE ALSO ACCOMMODATING MIDDLE-INCOME FAMILIES WHO FACE OTHER FINANCIAL STRAINS SINCE 2011, THE CHILD MIND INSTITUTE HAS RAISED A CUMULATIVE TOTAL OF \$4,506,724 FOR THE FINANCIAL AID PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIPS PHYLLIS GREEN AND RANDOLPH COWEN ARE HUSBAND AND WIFE ELIZABETH AND MICHAEL FASCITELLI ARE HUSBAND AND WIFE AMY AND JOHN PHELAN ARE HUSBAND AND WIFE ELLEN AND HOWARD KATZ ARE HUSBAND AND WIFE CHRISTINE AND RICHARD MACK ARE HUSBAND AND WIFE BROOKE GARBER NEIDICH AND DANIEL NEIDICH ARE HUSBAND AND WIFE PREETHI KRISHNA AND RAM SUNDARAM ARE HUSBAND AND WIFE JORDAN SCHAPS IS THE SON OF LINDA SCHAPS ZIBBY SCHWARZMAN OWENS IS THE DAUGHTER OF ELLEN KATZ FORM 990, PART VI, SECTION A, LINE 4 CHANGES TO GOVERNING DOCUMENTS CMIS BY-LAWS WERE REVISED TO COMPLY WITH CHANGES IN THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW THE REVISED BY-LAWS PROVIDE THAT REAL PROPERTY TRANSACTIONS MAY BE APPROVED BY THE VOTE OF A MAJORITY OF THE BOARD OR A COMMITTEE THEREOF, EXPAND THE LIST OF ACTIONS THAT REQUIRE BOARD APPROVAL AND MAY NOT BE TAKEN BY A COMMITTEE, SUCH AS AMENDING THE CERTIFICATE OF INCORPORATION, AND DISTINGUISH BETWEEN BOARD OFFICERS, WHO ARE VOLUNTEER DIRECTORS, AND CORPORATION OFFICERS, WHO ARE PAID EMPLOYEES OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 CMI'S FORM 990 IS PREPARED BY CMI FINANCE STAFF THE DRAFT FORM 990 IS THEN REVIEWED BY CMI'S GENERAL COUNSEL AND BY EXTERNAL INDEPENDENT LEGAL COUNSEL THE DRAFT FORM 990 IS REVIEWED IN DETAIL BY THE AUDIT & FINANCE COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH WAS DELEGATED THIS RESPONSIBILITY BY THE FULL BOARD OF DIRECTORS THE AUDIT & FINANCE COMMITTEE REVIEWS THE FORM 990 AND DISCUSSES THE CONTENTS THEREOF AT A MEETING WITH CMI'S INDEPENDENT AUDITORS THE DRAFT FORM 990 IS THEN PRESENTED BY THE CHAIR OF THE AUDIT & FINANCE COMMITTEE TO THE FULL BOARD OF DIRECTORS AT ITS ANNUAL MEETING PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE, A COPY OF THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE ENTIRE BOARD FOR REVIEW AND COMMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY CMI'S CONFLICT OF INTEREST AND DISCLOSURE POLICY REQUIRES DIRECTORS AND OFFICERS TO DISCLOSE POTENTIAL AND ACTUAL CONFLICTS AND TO RECUSE THEMSELVES FROM DELIBERATIONS AND VOTES ON MATTERS THAT INVOLVE A CONFLICT CMI OBTAINS A SIGNED CONFLICT OF INTEREST DISCLOSURE FORM FROM EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE ON AN ANNUAL BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	<p>CMI'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION REVIEW POLICY, WHICH IT FOLLOWS WHEN APPROVING THE COMPENSATION AND BENEFITS OF THE PRESIDENT. THE PRESIDENT'S COMPENSATION IS REVIEWED EVERY TWO YEARS BY AN INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW SIMILAR POSITIONS IN COMPARABLE NON-PROFIT ORGANIZATIONS. EACH YEAR, THE COMPENSATION COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH IS COMPOSED OF NON-INTERESTED MEMBERS, REVIEWS THE INDEPENDENT CONSULTANT'S REPORT, INCLUDING APPROPRIATE COMPARABILITY DATA, AND MAKES A DETERMINATION ABOUT THE PRESIDENT'S ANNUAL COMPENSATION BASED ON ALL RELEVANT FACTORS, ENSURING THAT THE COMPENSATION IS REASONABLE. THE COMMITTEE REVIEWS THE PRESIDENT'S TOTAL COMPENSATION, WHICH INCLUDES BOTH CURRENT COMPENSATION AND ALL qualified EMPLOYEE BENEFITS. THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE COMMITTEE'S MINUTES AND RETAINED IN CMI'S RECORDS. FORM 990, PART VI, SECTION B, LINE 15b THE COMPENSATION OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 IS REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR (OR THE PRESIDENT, IN THE CASE OF THE EXECUTIVE DIRECTOR) WITH THE ASSISTANCE OF STAFF IN CONJUNCTION WITH THE INDIVIDUAL'S PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT THE COMPENSATION IS REASONABLE. EVERY TWO YEARS, CMI ENGAGES AN INDEPENDENT CONSULTANT TO CONDUCT A REVIEW OF THE ORGANIZATION'S PAY PRACTICES AND TO ESTABLISH SALARY RANGES FOR ALL POSITIONS BASED ON COMPARABILITY DATA. GENERALLY, THE MIDPOINT OF THE ORGANIZATION'S SALARY RANGES FALLS WITHIN THE SALARY RANGE AVERAGES OF COMPARABLE NON-PROFIT ORGANIZATIONS. PERFORMANCE REVIEWS ARE THEN USED TO ESTABLISH AN INDIVIDUAL EMPLOYEE'S COMPENSATION WITHIN THE APPROPRIATE SALARY RANGE. FORM 990, PART VI, SECTION C, LINE 18 THE FORM 990 IS AVAILABLE ON OUR WEBSITE. FORM 1023 IS AVAILABLE UPON REQUEST.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF ORGANIZATIONAL DOCUMENTS CMI'S ANNUAL REPORT, FORM 990, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEB SITE THESE DOCUMENTS, AS WELL AS CMI'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST AND DISCLOSURE POLICY, ARE ALSO AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CMI reserved \$193,596 of certain contributions receivable that were determined to be uncollectible for fiscal-year 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2B	IN FY 2017, CHILD MIND INSTITUTE, INC ("CMI") RECEIVED \$5.2 MILLION IN THE FORM OF DONATED PLACEMENTS OF PUBLIC-SERVICE ANNOUNCEMENTS ("PSAS") IN VARIOUS FORMS OF MEDIA. THESE PSAS SERVED TO COMMUNICATE CMIS MISSION TO THE GENERAL PUBLIC. CMI ALSO RECEIVED \$1.1 MILLION IN PROFESSIONAL SERVICES TO CONDUCT A FEASIBILITY STUDY IN CONNECTION WITH A POSSIBLE EXPANSION OF ITS OPERATIONS. AS REQUIRED BY THE INTERNAL REVENUE SERVICE, THESE SERVICES ARE NOT REFLECTED ON THE REVENUE AND EXPENSES ON CMIS FORM 990. HOWEVER, THESE SERVICES ARE REPORTED AS IN-KIND REVENUE AND EXPENSES ON CMIS FINANCIAL STATEMENTS.