000 T	Ex	cempt Organization				ر ک Tax Ref	va 9 a	121	07325 B NO 1545-0687	
Form <b>990-T</b>	(and proxy tax under section 6033(e))									
·	For calendar year 2017 or other tax year beginning $10/01$ , 2017, and ending $09/30$ , 20 $1$								2(0) 1 7	
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.								o Public Inspection for	
Internal Revenue Service	▶Do	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).    Name of organization (   Check box if name changed and see instructions )   D Employer Identification number								
A Check box if address changed	Traine of digulation (									
B Exempt under section	1	CHILD MIND INSTITUTE, INC.								
X 501( C )( 3 )	Print	Number, street, and room or suite no			uctions		<del></del>	-047884	3	
408(e) 220(e)	_ or								ness activity codes	
408A 530(a)	iype	101 EAST 56TH STREE	Т				(Se	e instructions )		
529(a)		City or town, state or province, counti	y, and a	ZIP or foreign p	ostal code					
C Book value of all assets	Ĺ	NEW YORK, NY 10022								
at end of year	F Gro	up exemption number (See instruc	ions)	<b>&gt;</b>						
	G Che	eck organization type   X 501	(c) co	rporation	501(c	) trust	401	(a) trust	Other trust	
H Describe the organi	zation's p	nmary unrelated business activity	<u> </u>							
=		corporation a subsidiary in an affil			ent-subsidiary o	controlled grou	лр?	▶	Yes X No	
		identifying number of the parent co	rporati	ion 🕨			646 63	E 4224		
		JULIA BURNS, CFO		/A)		e number >		3-4324	(C) Net	
7		or Business Income	Ι	(A)	ncome	(B) EX	penses	<del></del>	(C) Net	
1a Gross receipts or b Less returns and allows		c Balance ▶	10							
		ule A, line 7)	2				<del></del>	<del></del>		
•	•	2 from line 1c	3		RECE			$\rightarrow$		
		ittach Schedule D)	4a	i i			있 /			
		Part II, line 17) (attach Form 4797)	4b	िक्ष	NOV 0 4		<u>څا</u> ر			
• • • •		trusts	4c		<del>'\∪                                    </del>	2020				
		ps and S corporations (attach statement)	5							
6 Rent income (Sch										
<ol> <li>Unrelated debt-fit</li> </ol>	nanced in	come (Schedule E)	7						<del></del>	
8 Interest, annuities, roya	lties, and rea	nts from controlled organizations (Schedule F)	8							
		1(c)(7), (9), or (17) organization (Schedule G)	9		/			_		
	-	ncome (Schedule I)	10			_				
		fule J)	11	<del> /</del>	<u>-</u>					
•		ctions, attach schedule)	12	<del> /</del>						
	13 Total. Combine lines 3 through 12									
		be directly connected with					) (Excep	it ioi com	mbutions,	
14 Compensation of	officers	directors, and trustees (Schedule )	<u> u.</u>	THOIGHOU D	<u> </u>	1110.7		14		
								15		
16 Repairs and mair	itenance							16		
								17		
		/						18		
		/						19		
		See instructions for limitation rules)				<i></i>	نـ   ۰۰۰	20	<del></del>	
		4562)								
		on Schedule A and elsewhere on r						2b		
		./						23		
		compensation plans						24		
<ul><li>25 Employee benefit</li><li>26 Excess exempt ex</li></ul>	program:	s	• • •	• • • • • •	• • • • • • •		· · · · <del>  /</del>	25 26		
		chedule J)						27		
		schedule)						28		
		es 14 through 28						29		
		ole income before net operating						30		
/		on (limited to the amount on line 3						31		
		e income before specific deduction						32		
33 Specific deduction	n (Gener	ally \$1,000, but see line 33 instruc	tions f	for exceptions	)		🗔	33		
34 / Unrelated busin	ess taxa	ble income. Subtract line 33 fi	om li	ne 32 lf lii	ne 33 is grea	ater than line	e 32,		· <del></del>	
enter the smaller	of zero or	line 32	<u></u>	<u></u>	<u> </u>	<u></u>		34	0.	
		Notice, see instructions.						,	Form <b>990-T</b> (2017)	

1

Form 990	D-T (2017)	ì	CHILD MIND	INSTITUTE,	INC.			80-	0478843	Page 2
Part !		putation								
			Corporations.	See instructions	for tax com	putation	Controlled are	oup		
	•		563) check here				<b>J</b>			
			000, \$25,000, and			rackats (	in that order)			
	) \$		(2) \$	\$9,525,000 tax	(3)	iacheto (				
(1,	<u>1</u>					•				
D Er	nter organization's s	inare of (1)	Additional 5% tax (i	not more than \$1	1,750)	4	<del> </del>			
(2)	) Additional 3% tax	(not more t	than \$100,000)			🗗		. ▶ 35c	1	
			e 34					·-		
			7	instructions for			Income tax		]	
			J Tax rate schedule					I .		
									<del> </del>	
								- 1	<del> </del>	
	· · · · · · · · · · · · · · · · · · ·	-	ncome. See instructi							
			o line 35c or 36, wh	ichever applies .		• • • • •	· · · · · · · · · · · · · · · · · · ·	40	<u> </u>	
Part I	Y Tax and	<u>Payment</u>	<u></u>							
41 a Fo	oreign tax credit (co	orporations	attach Form 1118; t	trusts attach Form	1116)	41a			1	
									1	
			Form 3800 (see insti							
d Cr	redit for prior year	mınımum ta	x (attach Form 8801	l or 8827)		41d				
e To	otal credits. Add lin	es 41a thro	ugh 41d							
			<u></u>							
<b>43</b> Ot	ther taxes Check of fro	m Form	n 4255 Form 86	311 Form 86	7 Form 88	366 🔲 C	Other (attach schedu	ile) . 43		
										0
45 a Pa	avmente A 2016 o	vernavment	credited to 2017 .			45a		••		
D 20	or resumated tax p	0060				45c	13,2	00.	ŀ	
									ŀ	
d Fo	oreign organization	s rax paid	or withheld at source	a (see instructions)		450				
e Ba	ackup withholding	(see instruct	uons)			456				
			insurance premium	s (Attach Form 89	41)	451				
g 인	ther credits and pa	yments	Form	n 2439 r						
L	Form 4136						<del></del>	— - <u>i</u> -	1	3,200
			hrough 45g						<del> </del>	3,200
			uctions) Check if Fo						<del>                                     </del>	
48 Ta	ax due. If line 46 is	less than th	he total of lines 44 a	and 47, enter amo	unt owed			√. ▶   48_	<del></del>	2 000
49, 0	verpayment. If line	: 46 is larger	than the total of lin	nes 44 and 47, en	ter amount over	paid			1	3,200
			Credited to 2018					<u>d\ ▶   50</u>	<u> </u>	3,200
			arding Certain							<u>F</u> .
51 At	t any time during	the 2017	7 calendar year, d	lid the organiza	tion have an	interest i	n or a signatur	e or other	r authority 🗋	Yes No
ov	ver a financial a	ccount (bar	nk, secunties, or	other) in a for	eign country?	If YES,	the organization	n may ha	ve to file	
Fii	nCEN Form 114,	Report of	f Foreign Bank a	nd Financial Ad	counts If YE	S, enter	the name of	the foreig	jn country 🗐	
he	ere 🕨								L	
<b>52</b> Di	uring the tax year	did the oras	anization receive a d	distribution from.	or was it the gr	antor of.	or transferor to, a	foreign tru	st?	
	•	_	forms the organizati		_					
			interest received or		_					
	Under penalties of	f penury. I dec	dare that have examin	ed this return, includi	ng accompanying s	chedules an	d statements, and to	the best of	my knowledge an	d belief, it
Sign	rue, correct, and or	omplete Decler	ation of preparer (other tha	an taxpayer) is based or ▲	all information of w	hich prepare	r has any knowledge			<del></del>
Here	1 Mulu	$\alpha' P$	mi	- Na/29/	2020	CFA	ン		IRS discuss the preparer show	
11616	Sunature of office	cer		Date	Title	<u> </u>		_	ctions)? X Yes	
	1./2	reparer's name	9	Preparer's pige	<i></i>	- Dat	<u>e                                      </u>		PTIN	1 140
Paid	1	•		11111	/AT		。 6/29/2020		1 0120	7171
Prepar	rer WILLIAM			Ward	gor		012312020	self-employe		
Use O	nlv Firm's name		ERAMPER LLP					Firm's EIN	13-16398	
	Firm's addres	ıs ▶ 750 '	THIRD AVENUE	, NEW YORK	, NY 1001°	7-2703	i	Phone no	212-949-	8/00

Form **990-T** (2017)

Form 990-T (2017)									Page 3
Schedule A - Cost of Go	ods Sold. E	nter metho	d of inventory						
1 Inventory at beginning of y	ear 1		6	Inventory a	at end of yea	r	. 6		
2 Purchases	2		7	Cost of	goods sol	d. Subtract line			
3 Cost of labor	3			6 from I	ine 5 En	ter here and in			
4a Additional section 263A co	osts		i	Part I, line	2		. 7		
(attach schedule)	4a		8	Do the	rules of	section 263A (	with resp	ect to Y	es No
b Other costs (attach schedu				property	produced	or acquired fo	or resale)	apply	]
5 Total. Add lines 1 through				to the orga	nization? .		<u></u>		X
Schedule C - Rent Income (see instructions)	e (From Real F	Property a	nd Persona	I Property	Leased W	/ith Real Prope	erty)		
Description of property				,					
(1)	<u>-</u>								
(2)									
(3)									
(4)									
· · · · · · · · · · · · · · · · · · ·	2. Rent rece	ved or accru	ed						
(a) From personal property (if the for personal property is more th more than 50%)	From real and per tage of rent for per r if the rent is ba	ersonal property	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)									
(2)									
(3)							-		
(4)		1							
Total		Total						•	
(c) Total income. Add totals of chere and on page 1, Part I, line 6						(b) Total deducti Enter here and o Part I, line 6, colu	on page 1,		
Schedule E - Unrelated D			ee instruction	e)		Tarti, into 0, con	211111 (D) P		
Schedule L - Officialed D	ebt-i ilianceu	ilicome (s		•	3. [	eductions directly co	onnected wit	n or allocable t	to
1 Description of del	ot-financed property		2. Gross inc		<del></del>		nced property		<del> </del>
· · · · · · · · · · · · · · · ·			property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)			<del></del>			· · · · · · · · · · · · · · · · · · ·	· ·		<u> </u>
(2)			<del>                                     </del>						
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)      5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			4 div			ce incoma ranortable I		8. Allocable deductions column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
Totals					Part I, lin	e and on page 1, e 7, column (A)		ere and on line 7, colum	
Total dividends-received deduct	tions included in c	olumn 8				<u></u>	L		

Page 4

Schedule F - Interest, Annu	iities, Royalties							tions (se	e instruction	ons)		
(5		E	œmp	t Co	ntrolled Org	ganızatı	ons					
1. Name of controlled organization	2. Employer identification numb	per		et unrelated income s) (see instructions)		4. Total of specified payments made		ed included	5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)											<u> </u>	
Nonexempt Controlled Organiz	zations						,					
7. Taxable Income	8 Net unrelated income (loss) (see instructions)			Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income				11. Deductions directly connected with income in column 10	
(1)					<u></u>				_	<u> </u>		
(2)			<u> </u>									
(3)			<u> </u>									
(4)			<u> </u>						<u>-</u>			
Totals		tion 50	 (1(c)	 (7), (	 (9), or (17	<b>⊳</b> ) Orga	Ente Par	d columns 5 er here and or t I, line 8, column on (see ins	page 1, imn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
1 Description of income 2. Amount of				3. Deductions directly connected (attach schedule)		4. Set		t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)											<del> </del>	
(2)												
(3)		_								]		
(4)												
Totals	Enter here and Part I, line 9, c	olumn (A)		. The	n Advorti	sing In		(acc instr	uctions)		Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited Exe	mpt Activity in	come, c	Jule	T I FIG	an Adveru	sing ii	Come	(see instr	Jetions)			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	dir connec produ unre	directly from the conduction of		from unrelat or business 2 minus col If a gain, co	Net income (loss) m unrelated trade business (column minus column 3) a galn, compute ols 5 through 7		5 Gross income from activity that is not unrelated business income		enses able to nn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)							· · · · ·					
(2)							-					
(3)												
(4)												
Totals	Enter here and on page 1, Part I, Inne 10, col (A) Enter here a page 1, Part I, Inne 10, col (A)		I, Part	Part I,							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In	come (see instr	uctions)										
Part I Income From Per			Cor	rsoli	dated Bas	sis						
1 Name of penodical	2. Gross advertising income		3. Direct advertising cos		2			circulation 6. Rea		-	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
			<del></del> -			<del></del>	<u> </u>	<del> </del>	<del> </del>			
(1)			-		-				<del> </del>		-	
(2)			_		{				<del> </del>			
(3)					ł			···	+			
(4)								<del></del>	<del></del>			
Totals (carry to Part II, line (5))								····	<u> </u>		000 T	

1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

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