

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. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Child Mind Institute Inc Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 445 Park Avenue Suite 2ND FL City or town, state or province, country, and ZIP or foreign postal code New York, NY 10022	D Employer identification number 80-0478843 E Telephone number (212) 308-3118 G Gross receipts \$ 14,478,423
F Name and address of principal officer DR HAROLD KOPLEWICZ MD 445 PARK AVENUE NEW YORK, NY 10022		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: www.childmind.org		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 2009 M State of legal domicile NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities <u>WE ARE DEDICATED TO TRANSFORMING MENTAL health care for children everywhere</u>			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3		31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		31
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		63
6	Total number of volunteers (estimate if necessary)	6		35
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	12,689,311		11,448,199
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0		147,904
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,808		4,194
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,279		491,381
		12,730,398		12,091,678
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	794,884		698,209
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,440,845		4,783,449
	16a Professional fundraising fees (Part IX, column (A), line 11e)	66,500		70,000
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,549,644</u>			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,736,209		3,958,335
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,038,438		9,509,993
19 Revenue less expenses Subtract line 18 from line 12	3,691,960		2,581,685	
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	16,714,595		19,307,074
	21 Total liabilities (Part X, line 26)	1,947,032		2,047,453
22 Net assets or fund balances Subtract line 21 from line 20	14,767,563		17,259,621	

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	2015-04-28 Date	
	DAVID RIVERA DIRECTOR OF FINANCE Type or print name and title		
Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date
	Firm's name <u>EISNERAMPER LLP</u>	Check <input type="checkbox"/> if self-employed PTIN	
	Firm's address <u>750 THIRD AVENUE</u> NEW YORK, NY 100172703	Firm's EIN <u></u> Phone no <u></u>	
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

THE CHILD MIND INSTITUTE IS DEDICATED TO TRANSFORMING MENTAL HEALTH CARE FOR CHILDREN EVERYWHERE OUR ORGANIZATION IS COMMITTED TO FINDING MORE EFFECTIVE TREATMENTS FOR CHILDHOOD PSYCHIATRIC AND LEARNING DISORDERS, BUILDING THE SCIENCE OF HEALTHY BRAIN DEVELOPMENT, AND EMPOWERING CHILDREN AND THEIR FAMILIES WITH HELP, HOPE, AND ANSWERS

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 \$ 1,952,122 including grants of \$) (Revenue \$)
PUBLIC EDUCATION and Outreach

4b (Code) (Expenses \$ 2,708,465 including grants of \$ 446,442) (Revenue \$ 147,904)
SCIENCE AND INNOVATION

4c (Code) (Expenses \$ 1,236,234 including grants of \$ 251,766) (Revenue \$)
ACCESS TO CLINICAL CARE













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

4e Total program service expenses 5,896,821

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	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>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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 (see instructions)</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	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> 	23	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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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> 	25a		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> 	25b		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 so, complete Schedule L, Part II</i> 	26		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> 	27		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> 	28a		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> 	28b		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> 	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	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> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		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>	33		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>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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>	35b		
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>	36		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>	37		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	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 (31), 1b (31), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List of states), 18 (Public inspection methods), 19 (Disclosure of governing documents), 20 (Organization name and address).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (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. Includes sub-totals and totals for lines 1b, 1c, and 1d.

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 7

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting and unrelated compensation.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like 42ND STREET LESSEE, COMMUNITY COUNSELING SERVICE CO L, Epstein Becker Green PC, and Daniel J Edelman Inc.

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	5,557,646				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	446,379				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	5,444,174				
	g	Noncash contributions included in lines 1a-1f \$	1,961,375				
	h	Total. Add lines 1a-1f	11,448,199				
Program Service Revenue	2a	CONTRACTED REVENUES					
		Business Code					
		541900	147,904	147,904			
	b						
	c						
	d						
	e						
f	All other program service revenue						
g	Total. Add lines 2a-2f	147,904					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	7,119			7,119	
	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	2,158,462			
			(ii) Other				
			b Less cost or other basis and sales expenses	2,161,387			
			c Gain or (loss)	-2,925			
	d	Net gain or (loss)	-2,925			-2,925	
	8a	Gross income from fundraising events (not including \$ 5,557,646 of contributions reported on line 1c) See Part IV, line 18					
	a		225,358				
b	Less direct expenses b	225,358					
c	Net income or (loss) from fundraising events	0					
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities	0					
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory	0					
	Miscellaneous Revenue	Business Code					
11a	ADMINISTRATIVE SERVICES	900099	491,381			491,381	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		491,381				
12	Total revenue. See Instructions		12,091,678	147,904		495,575	

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 governments and organizations in the United States. See Part IV, line 21	446,442	446,442		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	251,767	251,767		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,220,997	719,258	259,798	241,941
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	2,691,180	1,585,305	572,617	533,258
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,824	51,735	18,687	17,402
9	Other employee benefits	463,336	272,939	98,587	91,810
10	Payroll taxes	320,112	188,570	68,112	63,430
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	39,016	31,082	5,665	2,269
c	Accounting	88,157	70,231	12,800	5,126
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	70,000			70,000
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	329,093	31,830	212,265	84,998
12	Advertising and promotion	8,173	6,344	1,829	
13	Office expenses	78,570	29,202	34,884	14,484
14	Information technology	534,621	325,314	74,478	134,829
15	Royalties	0			
16	Occupancy	683,736	433,763	149,384	100,589
17	Travel	134,935	82,834	30,571	21,530
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,984	8,984		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	435,342	315,068	76,501	43,773
23	Insurance	76,846	24,177	45,196	7,473
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	BAD DEBT	265,000		265,000	
b	SUB-CONTRACTORS	701,323	701,323		
c	PAYROLL PROCESSING FEES	126,388	100,687	18,352	7,349
d	MARKETING	206,175	164,250	29,937	11,988
e	All other expenses	241,976	55,716	88,865	97,395
25	Total functional expenses. Add lines 1 through 24e	9,509,993	5,896,821	2,063,528	1,549,644
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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	105,790	1	6,414
	2 Savings and temporary cash investments	7,189,945	2	10,070,859
	3 Pledges and grants receivable, net	4,349,179	3	4,677,910
	4 Accounts receivable, net	26,729	4	17,715
	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	346,960	9	376,035
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,596,232		
	b Less accumulated depreciation	10b 1,848,456	2,145,901	10c 1,747,776
	11 Investments—publicly traded securities	196,400	11	0
	12 Investments—other securities See Part IV, line 11	661,679	12	670,472
	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	1,692,012	15	1,739,893
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,714,595	16	19,307,074	
Liabilities	17 Accounts payable and accrued expenses	527,126	17	462,882
	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	1,419,906	25	1,584,571
	26 Total liabilities. Add lines 17 through 25	1,947,032	26	2,047,453
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	7,863,450	27	8,353,482
	28 Temporarily restricted net assets	6,904,113	28	6,906,139
	29 Permanently restricted net assets	0	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	14,767,563	33	17,259,621	
34 Total liabilities and net assets/fund balances	16,714,595	34	19,307,074	

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	12,091,678
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,509,993
3	Revenue less expenses Subtract line 2 from line 1	3	2,581,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,767,563
5	Net unrealized gains (losses) on investments	5	12,405
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-102,032
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,259,621

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b 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		

Additional Data

Software ID:
Software Version:
EIN: 80-0478843
Name: Child Mind Institute Inc

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	X		X				0		
DEBRA PERELMAN VICE CHAIR AND DIRECTOR	6 0	X		X				0		
ELIZABETH FASCITELLI SECRETARY AND DIRECTOR	1 0	X		X				0		
ANNE WELSH MCNULTY TREASURER AND DIRECTOR	1 0	X		X				0		
ARTHUR ALTSCHUL JR DIRECTOR	1 0	X						0		
RANDOLPH COWEN DIRECTOR	1 0	X						0		
MARK DOWLEY DIRECTOR	1 0	X						0		
MEGAN DOWLEY DIRECTOR	1 0	X						0		
MICHAEL FASCITELLI DIRECTOR	1 0	X						0		
GIDEON GIL DIRECTOR (thru August 2014)	1 0	X						0		
PHYLLIS GREEN DIRECTOR	1 0	X						0		
MARGARET GRIEVE DIRECTOR	3 0	X						0		
CRAIG HATKOFF DIRECTOR	1 0	X						0		
JOSEPH HEALEY DIRECTOR	1 0	X						0		
Ellen Katz DIRECTOR	1 0	X						0		
HOWARD KATZ DIRECTOR	1 0	X						0		
PREETHI KRISHNA DIRECTOR	1 0	X						0		
CHRISTINE MACK DIRECTOR	1 0	X						0		
RICHARD MACK DIRECTOR	1 0	X						0		
STEVEN MARCUS DIRECTOR (thru April 2014)	1 0	X						0		
JULIE MINSKOFF DIRECTOR	1 0	X						0		
VALERIE MNUCHIN DIRECTOR	1 0	X						0		
DANIEL NEIDICH DIRECTOR	1 0	X						0		
AMY PHELAN DIRECTOR	1 0	X						0		
JOHN PHELAN DIRECTOR	1 0	X						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			
JOSH RESNICK DIRECTOR	1 0	X						0		
LINEA ROBERTS DIRECTOR	1 0	X						0		
JANE ROSENTHAL DIRECTOR	1 0	X						0		
JORDAN SCHAPS DIRECTOR	1 0	X						0		
LINDA SCHAPS DIRECTOR	1 0	X						0		
DAVID SHAPIRO DIRECTOR	1 0	X						0		
RAM SUNDARAM DIRECTOR	1 0	X						0		
CLAUDE WASSERSTEIN DIRECTOR	1 0	X						0		
DR HAROLD KOPLEWICZ PRESIDENT	40 0			X				689,181	0	155,784
SHERINE KHALIL COO (thru Nov 2013)	40 0			X				250,386	0	21,109
ELIZABETH PLANET EXECUTIVE VP & CSO	40 0			X				212,169	0	23,402
DAVID RIVERA DIRECTOR OF FINANCE	40 0			X				155,772	0	13,559
DAWN THOMSEN CHIEF OUTREACH OFFICER	40 0					X		139,996	0	31,402
Elizabeth McIntyre Director of Development	40 0					X		136,026	0	6,635
MICHAEL MILHAM DIR CTR DEV BRAIN	40 0					X		211,740	0	21,010

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

2013

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 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,570,923	8,975,012	9,573,350	12,689,311	11,448,199	51,256,795
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	8,570,923	8,975,012	9,573,350	12,689,311	11,448,199	51,256,795
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)						4,760,486
6 Public support. Subtract line 5 from line 4						46,496,309

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	8,570,923	8,975,012	9,573,350	12,689,311	11,448,199	51,256,795
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,513	11,131	14,795	15,049	7,119	50,607
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 IV.)		16,971	14,859	960,706	745,210	1,737,746
11 Total support (Add lines 7 through 10)						53,045,148
12 Gross receipts from related activities, etc. (see instructions)					12	147,904

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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 type="checkbox"/>		
b 33 1/3% support test—2012. 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—2013. 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 IV 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—2012. 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, and various monitoring and enforcement questions.

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

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	2,000,000				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,000,000				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
 - b** Permanent endowment 100.000 %
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" to 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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,765,525	448,449	1,317,076
d Equipment		1,028,785	637,811	390,974
e Other		801,922	762,196	39,726
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,747,776

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) ADMINISTRATIVE SERVICES	1,739,893
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,739,893

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DEFERRED RENT LIABILITY	914,099
DEFERRED COMPENSATION LIABILITY	670,472
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,584,571

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	12,206,815
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	12,405	
b	Donated services and use of facilities	2b	102,732	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	115,137
3	Subtract line 2e from line 1		3	12,091,678
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	12,091,678

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,612,725
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	102,732	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	102,732
3	Subtract line 2e from line 1		3	9,509,993
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	9,509,993

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
PART X, LINE 2	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 ("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 The annual compliance and tax filings of CMI for fiscal-years 2011, 2012, and 2013 are subject to examination by the Internal Revenue Service, as well as by other various state and local authorities, generally for three years after they are submitted
PART V	Endowment CMI's endowment consists of a donor-restricted fund to support a research scientist position at CMI

Part XIII Supplemental Information (*continued*)

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization Child Mind Institute Inc

Employer identification number 80-0478843

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

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

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

2a Did the organization have a written or oral agreement with any individual... 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

Table with 6 columns: (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. Row 1: EVENT ASSOCIATES inc, Benefit dinner, No, 5,783,004, 70,000, 5,713,004.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>benefit dinner</u> (event type)	<u></u> (event type)	<u>0</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	5,783,004			5,783,004
	2 Less Contributions	5,557,646			5,557,646
	3 Gross income (line 1 minus line 2)	225,358			225,358
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	225,358			225,358
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(225,358)
11 Net income summary Subtract line 10 from line 3, column (d) ▶					

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 operates gaming activities _____

a Is the organization licensed to operate 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 _____

Does the organization operate 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 operated 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
SCHEDULE G, PART I, LINE 2B COLUMN (V)	THE AMOUNT PAID TO THE PROFESSIONAL FUNDRAISING COMPANY, EVENT ASSOCIATES, inc , REPRESENTS FEES PAID FOR THE PLANNING OF CMI'S DECEMBER 2013 ANNUAL BENEFIT DINNER AND FOR OTHER FUNDRAISING ACTIVITIES THE TOTAL AMOUNT PAID TO EVENT ASSOCIATES FOR THE PLANNING OF THE DECEMBER 2013 ANNUAL Benefit DINNER WAS \$71,172, WHICH INCLUDED \$65,000 IN CONTRACT FEES AND \$6,172 IN REIMBURSABLE EXPENSES CMI PAID \$5,000 to Event associates, inc FOR OTHER FUNDRAISING ACTIVITES, OF WHICH ALL IS ATTRIBUTABLE TO FEES IN FY 2014 CMI PAID \$43,000 IN THE PREVIOUS FISCAL YEAR AS A DEPOSIT FOR THE DECEMBER 2013 ANNUAL benefit DINNER IN AUGUST 2014, CMI CONTRACTED WITH EVENT ASSOCIATES FOR THE NOVEMBER 2014 annual benefit dinner, AND A \$43,000 DEPOSIT TOWARDS THAT CONTRACT WAS PAID to event associates, inc in FY 2014

Schedule I (Form 990)

OMB No 1545-0047

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

2013

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

Attach to Form 990

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: RESEARCH FOUNDATION FOR MENTAL HYGIENE, EIN 14-1410842, IRC Code 501(C)(3), Amount 441,442, Purpose SEE PART IV.

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 Individuals in the United States. Complete if the organization answered "Yes" to 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	199	251,767			

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 I, LINE 2	THE GRANT WAS MADE FOLLOWING A WRITTEN GRANT AGREEMENT STIPULATING THE PURPOSES OF THE GRANT AND REQUIRING REGULAR REPORTING ON THE USE OF THE GRANT FUNDS CMI RECEIVES EXPENSE REPORTS ON A QUARTERLY BASIS FROM GRANTEE TO ENSURE THAT THE GRANT FUNDS ARE USED FOR THE INTENDED PURPOSES BASED ON THE APPROVED GRANT APPLICATION AND BUDGET
SCHEDULE I, PART II, LINE 1A	THE CHILD MIND INSTITUTE ("CMI") AWARDED A ONE-YEAR GRANT, RENEWABLE FOR THREE YEARS, TO THE RESEARCH FOUNDATION FOR MENTAL HYGIENE ("RFMH") FOR THE PROJECT, "DISCOVERY SCIENCE OF HUMAN BRAIN FUNCTION ACROSS THE LIFESPAN PROTOCOL ENHANCEMENT" TO FURTHER THE WORK DONE BY DR MICHAEL MILHAM, DIRECTOR OF THE CENTER FOR THE DEVELOPING BRAIN AT CMI THE GRANT WAS AWARDED TO DR MILHAM IN HIS CAPACITY AS A PRINCIPAL INVESTIGATOR AT RFMH TO CONTINUE AND EXPAND THE SCOPE OF HIS ORIGINATING RESEARCH STUDY AT THE NATHAN S KLINE INSTITUTE FOR PSYCHIATRIC RESEARCH ("NKI"), AND TO FOSTER COLLABORATION BETWEEN NKI AND CMI
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 HAVE OTHER FINANCIAL STRAINS IN FY 2014 A TOTAL OF 199 PATIENTS RECEIVED \$503,354 IN FINANCIAL AID FOR CUSTOMIZED CARE SERVICES PROVIDED BY THE PRACTICE of which CMI contributed \$251,767

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Child Mind Institute Inc

Employer identification number

80-0478843

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes 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
- 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?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR HAROLD KOPLEWICZ PRESIDENT	(i)	481,181	208,000	0	124,000	31,784	844,965	0
	(ii)	0	0	0	0	0	0	0
(2) SHERINE KHALIL COO (thru Nov 2013)	(i)	250,386	0	0	10,000	11,109	271,495	0
	(ii)	0	0	0	0	0	0	0
(3) ELIZABETH PLANET EXECUTIVE VP & CSO	(i)	212,169	0	0	3,882	19,520	235,571	0
	(ii)	0	0	0	0	0	0	0
(4) DAVID RIVERA DIRECTOR OF FINANCE	(i)	153,272	2,500	0	4,894	8,665	169,331	0
	(ii)	0	0	0	0	0	0	0
(5) DAWN THOMSEN CHIEF OUTREACH OFFICER	(i)	139,996	0	0	9,000	22,402	171,398	0
	(ii)	0	0	0	0	0	0	0
(6) MICHAEL MILHAM DIR CTR DEV BRAIN	(i)	211,740	0	0	10,000	11,010	232,750	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
PART I, LINE 4B	Compensation Practices THE AMOUNT SHOWN IN SCHEDULE J, PART II, LINE 1, COLUMN (C) REPRESENTS AN ACCRUAL TOWARDS A NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR THE PRESIDENT OF THE CHILD MIND INSTITUTE UNDER INTERNAL REVENUE CODE SECTION 457(F) THIS PLAN IS DESIGNED TO SERVE AS A RETENTION INCENTIVE AMOUNTS WILL BE PAID OUT UNDER THIS PLAN ONLY IF THE PRESIDENT CONTINUES TO BE EMPLOYED AT THE CHILD MIND INSTITUTE AS OF CERTAIN DATES IN FUTURE YEARS

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

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. See separate instructions.

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

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) and section 501(c)(4) 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 4 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)

Part III Grants or Assistance Benefitting 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		

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 ("CMI"), IS ALSO A MEMBER OF CHILD MIND MEDICAL PRACTICE, PLLC (THE "PRACTICE") THE PRACTICE was formed TO PROVIDE CLINICAL CARE AND TREATMENT TO CHILDREN AND ADOLESCENTS AND TO PERFORM CERTAIN ACTIVITIES RELATED TO CMI'S RESEARCH IN BRAIN DEVELOPMENT, WHICH UNDER APPLICABLE NEW YORK LAW CMI IS NOT PERMITTED TO PERFORM THESE CLINICAL CARE AND RESEARCH ACTIVITIES ARE CRITICAL TO CMI'S MISSION TO TRANSFORM MENTAL HEALTH CARE FOR CHILDREN EVERYWHERE (D) TRANSACTIONS (1) FORMATION UNDER APPLICABLE NEW YORK LAW, ONLY PERSONS WHO ARE LICENSED TO PRACTICE MEDICINE MAY HOLD AN OWNERSHIP INTEREST IN AN ENTITY FORMED TO PROVIDE CLINICAL CARE AND TREATMENT CMI, AS A NEW YORK NOT-FOR-PROFIT CORPORATION, IS THEREFORE NOT LEGALLY PERMITTED TO HOLD AN OWNERSHIP INTEREST IN THE PRACTICE IN FURTHERANCE OF CMI'S MISSION, TO PROTECT CMI'S interests, TO SUPPORT CLINICAL AND RESEARCH ACTIVITIES CONDUCTED BY THE PRACTICE, AND TO COMPLY WITH THE FOREGOING OWNERSHIP REQUIREMENT, DR KOPLEWICZ, A LICENSED PHYSICIAN, BECAME THE CONTROLLING MEMBER OF THE PRACTICE THE MEMBERSHIP INTERESTS IN THE PRACTICE (I E DR KOPLEWICZ'S 99% INTEREST AND DR RONALD STEINGARD'S 1% INTEREST) HAVE BEEN STRUCTURED SO THAT NEITHER MEMBER CAN RECEIVE, OR OTHERWISE REALIZE, ANY ECONOMIC BENEFIT FROM HOLDING THESE MEMBERSHIP INTERESTS OR FROM THE SALE OR OTHER DISPOSITION THEREOF THE MEMBERS HAVE ENTERED INTO A BUY-SELL AGREEMENT WITH THE PRACTICE PURSUANT TO WHICH THEY HAVE AGREED NOT TO SELL THEIR INTERESTS TO ANY PARTY OTHER THAN THE PRACTICE, WHICH MAY RE-PURCHASE THEIR INTERESTS FOR AN AMOUNT NOT TO EXCEED THE NOMINAL AMOUNT THAT THE MEMBERS PAID TO ACQUIRE THEM FURTHER, THE PRACTICE'S ARTICLES OF ORGANIZATION PROVIDE THAT THE PRACTICE IS TO BE OPERATED SOLELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES IN FURTHERANCE AND SUPPORT OF CMI'S MISSION TO THE EXTENT NOT INCONSISTENT WITH RELEVANT NEW YORK LAW NONE OF the Practice's ASSETS, NET EARNINGS, INCOME OR PROFIT MAY BE DISTRIBUTED TO ANY MEMBER, MANAGER, OFFICER OR EMPLOYEE OF THE PRACTICE OR OTHER PRIVATE PERSON, AND IF THE PRACTICE IS EVER DISSOLVED, ITS ASSETS AND PROPERTY MUST BE DISTRIBUTED TO A CHARITABLE ORGANIZATION QUALIFYING FOR EXEMPTION FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (2) RESTRICTED GRANT AGREEMENT TO FACILITATE THE FORMATION OF THE PRACTICE AND THE CONDUCT BY THE PRACTICE OF CLINICAL AND RESEARCH ACTIVITIES THAT FURTHER CMI'S MISSION, CMI ENTERED INTO A RESTRICTED GRANT AGREEMENT WITH THE PRACTICE PURSUANT TO WHICH CMI AGREED TO MAKE SPECIAL PURPOSE RESTRICTED GRANTS TO THE PRACTICE UP TO THE AGGREGATE AMOUNT OF \$1,750,000 THE RESTRICTED GRANT AGREEMENT PROVIDES, AMONG OTHER THINGS, THAT (A) THE PRACTICE IS REQUIRED TO OPERATE IN A MANNER THAT IS, AND LIMITS ITS ACTIVITIES TO THOSE THAT ARE, CONSISTENT WITH AND FURTHER THE MISSION OF CMI, (B) THE GRANT MUST BE USED BY THE PRACTICE EXCLUSIVELY IN CONNECTION WITH THE CONDUCT OF ACTIVITIES THAT FURTHER AND SUPPORT CMI'S MISSION, AND (C) THE PRACTICE MUST OBSERVE VARIOUS REPORTING, BUDGETARY AND OTHER FINANCIAL REQUIREMENTS AND ENGAGE AUDITORS ACCEPTABLE TO CMI IF THE PRACTICE FAILS TO OBSERVE THE REQUIREMENTS OF THE RESTRICTED GRANT AGREEMENT, THE AGREEMENT MAY BE TERMINATED, in which case UNSPENT FUNDS MUST BE RETURNED TO CMI AND DAMAGES MAY BE DUE TO DATE, CMI HAS MADE GRANTS TO THE PRACTICE IN THE AGGREGATE AMOUNT OF \$690,000, ALL PRIOR TO FY 2012 (3) ADMINISTRATIVE SERVICES AGREEMENT PURSUANT TO AN ADMINISTRATIVE SERVICES AGREEMENT BETWEEN CMI AND THE PRACTICE, CMI PROVIDES CERTAIN ADMINISTRATIVE SERVICES TO THE PRACTICE FOR WHICH THE PRACTICE COMPENSATES CMI CONSISTENT WITH CMI'S INTERNAL POLICIES AND PROCEDURES, THIS COMPENSATION IS BASED ON THE FAIR MARKET VALUE OF THE SERVICES DETERMINED ACCORDING TO AN ARM'S LENGTH PROCESS WITH GUIDANCE FROM EXTERNAL INDEPENDENT ADVISORS THE PRACTICE'S PAYMENT OBLIGATION TO CMI FOR SERVICES PROVIDED UNDER THE ADMINISTRATIVE SERVICES AGREEMENT IS CURRENTLY REFLECTED AS A RECEIVABLE ON CMI'S FINANCIAL STATEMENTS IN THE AMOUNT OF \$1,739,893, AS REFLECTED IN PART X OF THIS FORM 990 DURING FY 2014, CMI INCURRED \$491,381 OF COSTS ASSOCIATED WITH PROVIDING ADMINISTRATIVE SERVICES TO the PRACTICE, OF WHICH \$200,000 HAS BEEN REIMBURSED IN FY 2014 (4) LICENSE AGREEMENT PURSUANT TO A LICENSE AGREEMENT BETWEEN CMI AND THE PRACTICE, CMI GRANTED A ROYALTY-FREE LICENSE TO USE CERTAIN OF ITS TRADEMARKS AND DOMAIN NAMES TO THE PRACTICE SUBJECT TO CERTAIN TERMS AND CONDITIONS, INCLUDING CMI'S RIGHT TO TERMINATE THE LICENSE AGREEMENT IN THE EVENT OF THE PRACTICE'S BREACH OF THE TERMS AND CONDITIONS OF THE RESTRICTED GRANT AGREEMENT (5) GRANT SERVICES AGREEMENT PURSUANT TO A GRANT SERVICES AGREEMENT BETWEEN CMI AND THE PRACTICE, CMI ENGAGES THE PRACTICE TO PROVIDE CERTAIN SERVICES REQUIRED BY CONTRIBUTIONS OR GRANTS THAT CMI HAS RECEIVED AND WHICH CMI IS UNABLE TO PROVIDE CMI DISCLOSES TO ITS DONORS AND GRANTORS THAT SERVICES WILL BE SUB-CONTRACTED TO THE PRACTICE TO SATISFY THE REQUIREMENTS OF THE DONATION OR GRANT DURING FY 2014, AMOUNTS incurred TO THE PRACTICE PURSUANT TO THE GRANT SERVICES AGREEMENT IN PERFORMANCE OF THESE REQUIREMENTS AMOUNTED TO \$299,337, and is reflected in 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 CMI AND A MEMBER OF THE PRACTICE ACCORDINGLY, THE TRANSACTIONS BETWEEN CMI AND THE PRACTICE, INCLUDING THE AGREEMENTS DESCRIBED ABOVE, WERE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OF CMI FURTHERMORE, THE AUDIT AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF CMI OVERSEES THE ONGOING RELATIONSHIP BETWEEN CMI AND THE PRACTICE IN ACCORDANCE WITH CMI'S CONFLICT OF INTEREST AND DISCLOSURE POLICY</p>

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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.

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

Table with 4 columns: (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. Row 9 shows 13 contributions valued at 1,961,375 fmv.

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

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding noncash contributions.

Part III 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
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Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 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.**

2013

**Open to Public
Inspection**

Name of the organization
Child Mind Institute Inc

Employer identification number

80-0478843

Return Reference	Explanation	
FORM 990, PART I, LINE 1		<p>CMI MISSION AND PROGRAM SERVICES OUR ORGANIZATION IS COMMITTED TO FINDING MORE EFFECTIVE TREATMENTS FOR CHILDHOOD PSYCHIATRIC AND LEARNING DISORDERS, BUILDING THE SCIENCE OF HEALTHY BRAIN DEVELOPMENT, AND EMPOWERING CHILDREN AND THEIR FAMILIES WITH HELP, HOPE AND ANSWERS FORM 990, PART III, LINE 4A, Program service, PUBLIC EDUCATION -----</p> <p>----- THE CHILD MIND INSTITUTE HAS A PUBLIC EDUCATION MISSION TO PROVIDE AUTHORITATIVE, SCIENCE-BASED INFORMATION AND RESOURCES ABOUT CHILDREN'S MENTAL HEALTH TO PARENTS, EDUCATORS, AND OTHER MENTAL HEALTH PROFESSIONALS CHILDMIND.ORG - THE CHILD MIND INSTITUTE'S WEB SITE CONTAINS A WEALTH OF INFORMATION, NEWS, ADVICE AND STRATEGIES FOR PARENTS, EDUCATORS, AND OTHER PROFESSIONALS DEALING WITH PSYCHIATRIC AND LEARNING DISORDERS IN CHILDREN AND ADOLESCENTS AN INTERACTIVE SYMPTOM CHECKER AND MENTAL HEALTH GUIDE OFFER THE LATEST THINKING ON COMMON DISORDERS, FROM SYMPTOMS TO TREATMENTS MENTAL HEALTH EXPERTS FROM INSTITUTIONS AROUND THE COUNTRY OFFER INFORMATION AND INSIGHT ON THEIR SPECIALTIES IN DOZENS OF EDUCATIONAL VIDEOS FEATURE ARTICLES DISCUSS ISSUES OF INTEREST TO PARENTS, WHETHER OR NOT THEY HAVE A CHILD WITH A PSYCHIATRIC OR LEARNING DISORDER THE BRAINSTORM BLOG OFFERS SUMMARIES OF NEWS, LINKS TO ARTICLES OF INTEREST, AND COMMENTARY ON ISSUES RELATED TO CHILDREN'S MENTAL HEALTH CHILDMIND.ORG HAS PARTNERED WITH DOZENS OF OTHER SITES AND BLOGS TO SHARE CONTENT AND ENLARGE THE FOOTPRINT OF THE ARTICLES AND RESOURCES WE HAVE CREATED, AND A ROBUST SOCIAL MEDIA CAMPAIGN USES tools like FACEBOOK AND TWITTER TO SPREAD THE WORD 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, more than 100 partner organizations, resources for parents and families, synchronized digital activities, and multi-platform media engagement ADAM JEFFREY KATZ MEMORIAL LECTURE - DESIGNED TO RAISE AWARENESS AND EDUCATE THE PUBLIC ABOUT childhood psychiatric and learning disorders, THIS ANNUAL LECTURE was launched IN 2003 AS A LIVING MEMORIAL TO ADAM KATZ, WHO STRUGGLED WITH ADHD and dyslexia THE lecture FEATURES A LEADING EXPERT IN THE FIELD, followed by A CANDID CONVERSATION WITH A prominent GUEST ABOUT LIVING WITH A MENTAL HEALTH DISORDER PAST honorees HAVE INCLUDED ACTOR ORLANDO BLOOM, ACTRESS AND PRODUCER TRUDIE STYLER, PRODUCER BRIAN GRAZER, and Grammy-winning artist Naomi Judd 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 CHILD MIND INSTITUTE STUDENT ART PROJECT - Each year, THE CHILD MIND INSTITUTE INVITES four local PUBLIC AND INDEPENDENT SCHOOLS TO PARTICIPATE in OUR GALLERY PROGRAM DEDICATED TO DISPLAYING WORKS OF ART CREATED BY STUDENT ARTISTS CRITICAL TO CHILD DEVELOPMENT AND ACADEMIC SUCCESS, art PROMOTES SELF-ESTEEM AND PROVIDES OPPORTUNITIES FOR SELF-EXPRESSION Works from the Student Art Project are PROMINENTLY exhibited AT THE CHILD MIND INSTITUTE HEADQUARTERS and LAUNCHED WITH AN OPENING RECEPTION FOR THE STUDENT ARTISTS, THEIR FAMILIES, AND THE ENTIRE SCHOOL COMMUNITY A VIRTUAL GALLERY IS ALSO AVAILABLE ON CHILDMIND.ORG PARENT AND EDUCATOR WORKSHOPS ON CLINICAL TOPICS - THE PARENT AND EDUCATOR WORKSHOPS COVER A RANGE OF ISSUES AFFECTING CHILDREN, INCLUDING SELECTIVE MUTISM, ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OBSSESSIVE-COMPULSIVE DISORDER, AND OTHERS THE SE 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 SESSIONS ARE HELD AT THE CHILD MIND INSTITUTE DURING THE SCHOOL YEAR AND ARE ALSO AVAILABLE ONLINE FORM 990, PART II, LINE 4B, Program Service, SCIENCE AND INNOVATION -----</p> <p>----- 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</p>

Return Reference	Explanation	
FORM 990, PART I, LINE 1		<p>mental health through the conduct and promotion of high-impact research focused on the de veloping brain and mental illness The center actively works to innovate models of the neu ral underpinnings of mental illness, as well as the methodologies employed by investigator s to examine them Additionally, the center spearheads a large-scale "open science" initia tive that serves to demonstrate the feasibility and value of open data-sharing in the brai n 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</p> <p>ENDEAVOR S CIENTIST PROGRAM - THE ENDEAVOR SCIENTIST PROGRAM IS A PIONEERING EFFORT LAUNCHED BY THE C HILD MIND INSTITUTE TO SUPPORT THE DEVELOPMENT OF TALENTED, MULTIDISCIPLINARY SCIENTISTS I N RESEARCH POSITIONS AT ACADEMIC AND MEDICAL INSTITUTIONS AROUND THE GLOBE RECRUITED FROM VARIOUS FIELDS SUCH AS COMPUTER SCIENCE, ENGINEERING, MATHEMATICS, AND STATISTICS, THESE SCIENTISTS WILL COLLABORATE ON RESEARCH THAT PURSUES A DEEPER UNDERSTANDING OF HUMAN BRAIN DEVELOPMENT BRINGING DIVERSE THINKERS TOGETHER brings US CLOSER TO DEVELOPING BETTER INT ERVENTIONS, AND EVENTUALLY PREVENTATIVE MEASURES, FOR PSYCHIATRIC AND LEARNING DISORDERS I N CHILDREN AND ADOLESCENTS</p> <p>HEALTHY BRAIN NETWORK - The Healthy Brain Netw ork is an innova tive neuroscience research program aimed at building the largest, most comprehensive data resource exclusively on children and adolescents and sharing the data w ith scientists glob ally Through a proven Big Data and Open Science paradigm, this initiative will spur the d iscovery of brain-based biomarkers of psychiatric and learning disorders The research w ill lead to the development of objective clinical tools for mental health practitioners to p rovide more accurate diagnoses and treatment protocols for struggling children The Health y Brain Netw ork w ill establish a repository of imaging (fMRI and EEG), genetic, cardiovasc ular fitness and nutrition assessments, IQ, and clinical evaluations on 10,000 children an d 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 w ill have access to this rich resource as it is being collected to stimulate analysis, hypo thesis generation and testing Furthermore, this community-based approach w ill provide fre e diagnostic clinical evaluations to 10,000 children who participate, as well as refer car e for families in their home community This is an invaluable benefit to these families, m any of whom w ould not otherwise have access to such a resource</p> <p>SCIENTIFIC RESEARCH COUNCI L - COMPRISED OF 13 OF THE NATION'S TOP CHILDrEn's MENTAL HEALTH SCIENTISTS, THE SCIENTIFI C RESEARCH COUNCIL BRINGS TOGETHER SCIENTISTS AND RESEARCH CLINICIANS TO CREATE A GLOBAL I NCUBATOR FOR COLLABORATIVE RESEARCH IN CHILDrEn's MENTAL HEALTH FUNCTIONING AS A MULTI-IN STITUTIONAL SCIENTIFIC THINK-TANK, THE COUNCIL INCLUDES DISTINGUISHED SCIENTISTS IN THE FIE LD OF CHILD AND ADOLESCENT PSYCHIATRY, PSYCHOLOGY, NEUROSCIENCE, AND NEUROLOGY, AND EXPER TS IN ANXIETY AND MOOD DISORDERS, ATTENTION-DEFICIT HYPERACTIVITY DISORDER, AUTISM SPECTRU M DISORDERS, AND EATING DISORDERS</p> <p>Stress and Resilience program - In 2013, the Child Mind Institute's Stress and Resilience Program provided trauma response services to more than 100 New York City public elementary, intermediate, and high schools, as well as children's mental health clinics, serving thousands of students Our services focused on providing p sychoeducational w orkshops, school-based trauma interventions, and consultation to communi ties affected by Superstorm Sandy, as well as public schools The overall purpose of the S tress and Resilience Program is to promote healthy child development and resilience and pr event serious, trauma-related psychologi</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIPS PHYLLIS GREEN AND RANDOLPH COWEN ARE HUSBAND AND WIFE MEGAN AND MARK DOWLEY ARE HUSBAND AND WIFE ELIZABETH AND MICHAEL FASCITELLI ARE HUSBAND AND WIFE DEBRA G PERELMAN AND GIDEON M GIL ARE HUSBAND AND WIFE - GIDEON M GIL STEPPED DOWN FROM THE BOARD ON AUGUST 13, 2014 AMY AND JOHN PHELAN ARE HUSBAND AND WIFE JANE ROSENTHAL AND CRAIG HATKOFF ARE DIVORCED ELLEN AND HOWARD KATZ ARE HUSBAND AND WIFE CHRISTINE AND RICHARD MACK ARE HUSBAND AND WIFE BROOKE GARBER NEIDICH AND DANIEL NEIDICH ARE HUSBAND AND WIFE JORDAN SCHAPS IS THE SON OF LINDA SCHAPS PREETHI KRISHNA AND RAM SUNDARAM ARE HUSBAND AND WIFE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 CMI'S FORM 990 IS PREPARED BY ITS INDEPENDENT ACCOUNTING FIRM, WITH THE ASSISTANCE OF CMI STAFF THE DRAFT FORM 990 IS THEN REVIEWED BY CMI'S EXECUTIVE DIRECTOR AND 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

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 HAVING A POTENTIAL CONFLICT TO REPORT it TO THE BOARD AND RECUSE THEMSELVES FROM A DISCUSSION AND A VOTE ON the MATTER CMI OBTAINS A SIGNED CONFLICT OF INTEREST DISCLOSURE FORM FROM EACH director, officer, AND key employee ON AN ANNUAL BASIS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION POLICY In accordance with CMI's executive compensation review policy, EXECUTIVE LEVEL COMPENSATION IS REVIEWED BY AN OUTSIDE INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW SIMILAR POSITIONS IN SIMILAR NON-PROFIT HEALTHCARE ENTITIES THE REVIEW INCLUDES EACH INDIVIDUAL'S CV, YEARS OF EXPERIENCE, JOB DESCRIPTION AND GOALS FOR CURRENT POSITION, COMPARISON TO THE MARKET, AND SPECIAL CONSIDERATIONS SUCH AS RELOCATION, PAST PERFORMANCE AND ACCOMPLISHMENTS, AND NICHE EXPERTISE / KNOWLEDGE OF REQUIRED AREAS NON-INTERESTED MEMBERS OF THE COMPENSATION COMMITTEE OF CMI's BOARD OF DIRECTORS REVIEW THE COMPENSATION CONSULTANT'S report, including appropriate comparability data, AND MAKE A DETERMINATION ABOUT COMPENSATION BASED ON ALL RELEVANT FACTORS, ensuring compensation is reasonable THE COMPENSATION COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE committee's MINUTES AND RETAINED IN CMI's RECORDS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF ORGANIZATIONAL DOCUMENTS THE FORM 990, governing documents, and conflict of interest and disclosure policy are AVAILABLE UPON REQUEST CMI PUBLISHES A SUMMARY OF ITS AUDITED FINANCIAL STATEMENTS IN THE ANNUAL REPORT WHICH IS AVAILABLE ON ITS WEBSITE

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN D	REPORTABLE COMPENSATION COMPENSATION OF THE PRESIDENT AND OTHER KEY EXECUTIVES IS SUBJECT TO THE CHILD MIND INSTITUTE'S WRITTEN executive COMPENSATION review POLICY WHICH INCLUDES REVIEW BY INDEPENDENT PERSONS, appropriate COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION BY THE BOARD'S COMPENSATION COMMITTEE.

Return Reference	Explanation
Form 990, PART XI, Line 8	Unrestricted net assets at the beginning of the year have been decreased by \$102,032 to reflect an adjustment in the balance of the receivable due from Child Mind Medical Practice, PLLC