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.

Department of the Treasury

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Form

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

8 **Open to Public**

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OMB No. 1545-0047

AF	or th	The 2018 calendar year, or tax year beginning $10/01$, 2018		<u> </u>		09/	′30 ,20	19	
		C Name of organization	,		D Employer id				
Bc	heck if a	CHILD MIND INSTITUTE, INC.							
	Addre				80-0478	3843			
		e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone n	umber			
	Initia	l return 101 EAST 56TH STREET			(212) 30	8 - 31	118		
	Term	City or town, state or province, country, and ZIP or foreign postal code							
	Amer				G Gross receip	ts \$	30,	206,93	18.
		ication F Name and address of principal officer: DR HAROLD KOPLEWICS	z MD		H(a) Is this a grou subordinates		n for	Yes X	No
	_ '	101 EAST 56TH STREET, NEW YORK, NY 10022			H(b) Are all subord		luded?	Yes	No
I	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 52	27	lf "No," attac	h a list.	(see instruct	ions)	
J	Websi	ite: NWW.CHILDMIND.ORG			H(c) Group exem				
к	Form	of organization: X Corporation Trust Association Other	L Year of	of formati	ion: 2009 M	State o	of legal don	nicile:	NY
P	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: WE ARI	E DEDICA	ATED '	TO TRANSF	ORMI	NG TH	E 	
Ce		LIVES OF CHILDREN STRUGGLING WITH MENTAL HEALTH 2	AND LEAF	RNING					
nar									
Activities & Governance	2	Check this box Image: the organization discontinued its operations or dispose				I I			
ŭ	3	Number of voting members of the governing body (Part VI, line 1a)				3			31.
es S	4	Number of independent voting members of the governing body (Part VI, line 1b) $\hfill {\hfill line 1}$				4			31.
viti	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)				5			15.
Acti	6	Total number of volunteers (estimate if necessary)				6		I	10.
	1 a	Total unrelated business revenue from Part VIII, column (C), line 12				7a			0
	a	Net unrelated business taxable income from Form 990-T, line 34			Prior Year	7b	Curr	ent Year	
	•	Contributions and grants (Part)/III line 1b)			14,478,69	4		535,3	
an	8	Contributions and grants (Part VIII, line 1h)	Y FOR		79,24		<u> </u>	20,6	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	SPECTION		393,61			254,6	
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		'	908,06		1.	810,5	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			15,859,60			621,1	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			628,90			700,5	
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.			0
s	15	Salaries other compensation employee benefits (Part IX column (A) lines 5-10)			8,850,63	7.	11,	575,7	73
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) $\sum_{n=1}^{\infty} 2,943,099$			201,70	0.		183,3	327
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) > 2,943,099							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,158,85	7.	11,	631,7	67
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			16,840,09	5.	24,	091,4	136
	19	Revenue less expenses. Subtract line 18 from line 12			-980,48	;9.	-	-470,2	277
Net Assets or Fund Balances				-	ning of Current			of Year	
set	20	Total assets (Part X, line 16)			26,639,06			039,1	
dB	21	Total liabilities (Part X, line 26)			2,703,96			528,4	
		Net assets or fund balances. Subtract line 21 from line 20			23,935,10	2.	23,	510,7	'52
	art II	Signature Block							
Un tru	der pei e, corre	nalties of perjury, I declare that I have examined this return, including accompanying schedu ect, and complete. Declaration of preparer (other than officer) is based on all information of whi	ules and state ich preparer h	ements, a as any kn	nd to the best of lowledge.	my kr	nowledge a	and belief,	, it is
		1. AVIalari			0.0/1	2/20	220		
Sig	In	Signature of office			U0/ J Date	3/20	JZU		
He		HAROLD S. KOPLEWICZ MD, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date		Check	if P1	TIN		
Paie		WILLIAM EPSTEIN			self-employ	·	P01307	171	
	parer	Firm's name EISNERAMPER LLP	I		Firm's EIN		63982		
Use	Only	Firm's address > 733 THIRD AVENUE NEW YORK, NY 10017-27	703		,		-949-8		
May	, the I	IRS discuss this return with the preparer shown above? (see instructions)					X Ye		No
For	Pape	rwork Reduction Act Notice, see the separate instructions.						990 (2	

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print CHILD MIND INSTITUTE, INC. 80-0478843 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)	80-0478843	
	Number, street, and room or suite no. If a P.O. box, see instructions. 445 PARK AVENUE	Social security number (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	·
	NEW YORK, NY 10022	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application	Return	Application		Return
Is For	Code	Is For		Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-BL	02	Form 1041-A		08
Form 4720 (individual)	03	Form 4720 (other than individual)		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
 The books are in the care of ► <u>445 PARK AVENUE</u> 		RK NY 10022		
 Telephone No. ► 212 308-3118 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for for the whole group, check this box ►	business ir ur digit Gro f it is for pa	up Exemption Number (GEN)		If this is d attach
 I request an automatic 6-month extension of time up for the organization named above. The extension is calendar year 20 or X tax year beginning 10/0 If the tax year entered in line 1 is for less than 12 m Change in accounting period 	for the org	ganization's return for:	20 <u>19</u>	
3a If this application is for Forms 990-BL, 990-PF, 9 nonrefundable credits. See instructions.	90-T, 4720	-	3a \$	0.
b If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any prior yea			3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if required, by using EFTPS		
(Electronic Federal Tax Payment System). See instru	ctions.		3c \$	0.
Caution: If you are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment
instructions.				
For Privacy Act and Paperwork Reduction Act Notice, see instr	ructions.		Form 8	868 (Rev. 1-2019)

CHILD MIND INSTITUTE, INC.

For	990 (2018)	Page 2
Pa	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III riefly describe the organization's mission:	_ X
•	EE SCHEDULE O.	
Z	id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ?	X No
	"Yes," describe these new services on Schedule O.	
3	id the organization cease conducting, or make significant changes in how it conducts, any program	
	ervices?	X No
4	"Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest program services, as mea	sured by
-	xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	e total expenses, and revenue, if any, for each program service reported.	
4a	Code: (Expenses \$ 3,049,234. including grants of \$ (Revenue \$) (Revenue \$)
	UBLIC EDUCATION AND OUTREACH	
4b	Code:) (Expenses \$ 11,240,467. including grants of \$ 36,000.) (Revenue \$ 20,670. CIENCE AND INNOVATION 20,670. (Revenue \$ 20,670.))
4c	Code:) (Expenses \$ 2,022,018. including grants of \$ 700,569.) (Revenue \$) CCESS TO CLINICAL CARE)
4 -1	ther pregram convices (Describe in Schedule O.)	
4d	ther program services (Describe in Schedule O.) Expenses \$ including grants of \$) (Revenue \$)	
4e	otal program service expenses ► 16,311,719.	
JSA	Form 9	0 (2018)
	0678GL L161 8/13/2020 1:15:22 PM V 18-8.6F 310099	

Ves No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation? // 'Yes' complete Schedule A. 1 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? // 'Yes' complete Schedule C. Part I. 2 X 3 Did the organization engage in direct or indirect political engagin activities on behalf of or in opposition to candidates for public office? // 'Yes' complete Schedule C. Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 5 Is the organization maintain any doora advect fund or any simular Indio or accounts of which doorse have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 7 X 7 Did the organization maintain collections of works of art, historical treasure, or other similar asset? // 'Yes' complete Schedule D, Part I. 7 X 8 Did the organization maintain collections of works of art, historical treasure, or other similar asset? // 'Yes' complete Schedule D, Part V. 8 X 9 Did the organization for anown ton to lise (In Part X, or provide credit counseling, ebbt management, redit repair, ordited andowments, permanent endowments, or quasi-endowments? // 'Yes', 'complete Schedule D, Part V.	_	90 (2018)		P	age 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A, Schedule C, Part I, Schedule D, Part V, Sched	Part	IV Checklist of Required Schedules			
complete Schedule A. 1 X 2 15 the organization required to complete Schedule P. Schedule of Contributors (see instructions)? 2 X 3 Did the organization angage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? 3 X 4 Section 501(c)(3) organizations. Bit the organization assection 501(c)(4). So1(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "yes," complete Schedule C, Part II. 5 X 5 Did the organization maintain any doorn adveed funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors 5 X 7 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for secrow or cudoidal account liability, serve as a custodian for amounts not lised in Part X, line 21, for secrow or cudoidal account liability, serve as a custodian for amounts for lised in Part X, line 21, for secrow or cudoidal account liability, serve as a custodian for amounts or lised in Part X, line 21, for secrow or cudoidal account liability. 9 X <th></th> <th>r</th> <th></th> <th>Yes</th> <th>No</th>		r		Yes	No
2 is the organization required to complete Schedule A, Schedule of Combutors (see instructions)?	1				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) all charge schedule C, Part I. 4 X Section 501(c)(4) Soft (C)(5), of 501(c)(6) organization that receives membership dues, assessments, or similar and outs addread 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I. 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'' 8 X 9 Did the organization assets in the art X, ine Part X, ine Part N 10 X 10 Did the organization report an amount for laws benched part N 10 X 11 the organization report an amount for laws buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 12 if 'Yes,' complete Schedule D, Part X 10 X 1					
candidates for public office? // "Yes," complete Schedule C, Part I. 3 X 4 Section Sol1(c)(3) organization again to lobying activities, or have a section Sol1(n) 4 X 5 Is the organization a section Sol1(c)(X), Sol (S) (S) or Sol1(c)(G) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III 5 X 6 Did the organization calcived work of the distribution or investiment of amounts in such funds or accounts? // I 6 X 7 Did the organization calcive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical trassues, or other simular assets? // "Yes," 8 X 9 Did the organization mainter Schedule D, Part II. 8 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? ("Yes," complete Schedule D, Part V. 10 X 11 If the organization organization anount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 10 Did the organization propent an amount for land, buildings, and equipmen			2	X	
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(1" Virs," complete Schedule D, Part III. X 5 Is the organization asset on 501(c)(A). 501(c)(B) or 501(c)(B) organization that receives membership dues, assessments, or similar amounts as defined in Ravenue Procedure 98-197 II "Yes," complete Schedule D, Part III. 5 X 7 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? II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," 8 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, part III. 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, for yres," then complete Schedule D, Part V,	3		_		37
 election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization ascentor 501(C(4), 501(C(6)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization academic advise on the distribution or investiment of amounts in such lunds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization ascentaria collections of works of art, historical trassures, or other similar assets? If "Yes," complete Schedule D, Part II. 9 Did the organization animatin collections of works of art, historical trassures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization animatin collections of works of art, historical trassures, or other similar assets? If "Yes," as a custodian for amounts not listed in Part X, ine trastrast, or historical trassures, or other similar assets? If "Yes," as a custodian to amounts not listed in Part X, ine trastrast, and the organization animative schedule D, Part IV. 9 Did the organization animative to any of the following questions is "Yes," complete Schedule D, Part V. 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 9 Did the organization report an amount for investments-ofter securities in Part X, line 12? that is 5% or more of its total assets eported in Part X, line 17! "Yes," complete Schedule D, Part VI. 11 di X 11 Did the organization report an amount for investments-ofter securities in Part X, line 12? that is 5% or more of its total assets eported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 di X 12 Did the organization report an amount for investments-ofter securities in Part X. 11 di X 12 Did the organization report an amount for investments-ofter secur			3		X
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 98-197 // "Yes," complete Schedule D, Part // S X D of the organization aminitan any donor advised funds or any similar funds or accounts? // S X 7 Did the organization aminitan any donor advised funds or any similar funds or accounts? // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assels? // */ss." 8 X 9 Did the organization frequent an amount in Part X, line 21, for secrow 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? // */ss." complete Schedule D, Part V. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarity restricted andowments, parameter andowments, or guasi-indowments? // */ss." complete Schedule D, Part V. 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? // */ss." complete Schedule D, Part V. 10 X 12 Did the organization report an amou	4				37
assessments, or similar amounts adefined in Revenue Procedure 91-197 // "Yes," complete Schedule D, Part // s X 6 Did the organization animation any donor advised truds or any similar timuds or accounts? // G X 7 Yes," complete Schedule D, Part // G X 7 Did the organization resolve or hold a conservation easement, including easements to preserve open space, the environment, historic Iand areas, or historic at treasures, or other similar assets? // "Yes," complete Schedule D, Part // C X 7 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 courseling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part V. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for investments-order securities in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 12 Did the organization report an amount for investments-order securities in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 13 Did the organization report an amount for investments-orderam related in Part X. line 10? If "Yes," complete Schedule D, Par			4		X
 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic listoric structures? If "res," complete Schedule D, Part II. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part V. 10 Did the organization facetary or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowners? If "res," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part V. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part V. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VIII. 11 Did the organization report an amount for there securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part X. 11 Did the organization report an amount for there securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part X. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "res,"	5				
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 5 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of at historical treasures, or other similar assets? If 'Yes,' a provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part II. 8 X 9 Did the organization farestry or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 10 X 10 Did the organization anount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V. 11 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V. 11 X 11 If the organization report an amount for investments-orgar melated in Part X, line 13 that is 5% or more of lis total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X. 116 X 11 X Did the organization report an amount for investments-orgar melated in Part X, line 13 that is 5% or more of lis total assets reported in Part X, line 16? If 'Yes			5		X
"Yes," complete Schedule D, Part I,	6				
 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yos,' complete Schedule D, Part II. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 9 Did the organization swere to any of the following questions is 'Yes,'' then complete Schedule D, Part V. 10 If the organization report an amount for lawstenestion, services, 'the service's complete Schedule D, Part V. 11 If the organization report an amount for lawstenest-other securities in Part X, line 107. If 'Yes,'' complete Schedule D, Part V. 11a X 11b d the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part V. 11a X 11b d the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part X. 11c X 11b d the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part X. 11c X 11d b the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part X. 11d X 11d b the organization report an amount for three assets in Part X, line 15, Parts X, and XI is optional. 11d X 11d b the organization report an amount for three assets in Part X, line 16 that advesses the organization asold described in Part					
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 liabed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part N 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarity restricted endowments, parmanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for lawstments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10 X 11 Did the organization report an amount for investments-rogram related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 X 11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 X 11 Did the organization separate, independent audited financial statements for the tax yeari. Inclue A footote that addresset the organization included in nonsolidated. Independent audited financial stateme	_		6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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 negatiation services? If "Yes," complete Schedule D, Part V. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI. 10 X 11 If the organization report an amount for laws themestore schedule D, Part VI. 11 X 11 Did the organization report an amount for investments-ber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 X 11 X Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 X 11 X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11 X 11 X 11 X 11 X 12 Did the orga	7		_		37
complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for service or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization for any of the following questions is "Yes," then complete Schedule D, Part VI, VI, VIII, VIII, VII, VII, VII, VII	_		7		X
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fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization attach a copy of its audited financial statements to this return? 20b 20b			144		
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20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b 20 b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or U U			19		Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b	20 a				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
		domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete Schedule J	23	Х	
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year	240		
C	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?	240 24d		
		24u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?			v
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c	X	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 115			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ŭ	Note. See the instructions for additional information the organization must report on Schedule O.			
h	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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
Sect	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tay year 1a 31			
Id	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	Did the organization have members or stockholders?	0		Δ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
h	one or more members of the governing body?	14		
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	_		
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>,</u>	X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a	163	X
	Did the organization have local chapters, branches, or affiliates?	TUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a L	The organization's CEO, Executive Director, or top management official	15a	X	
a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a				
Tou	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain in Schedule O)			
40				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
20	financial statements available to the public during the tax year.	c 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record JULIA BURNS, CFO 101 EAST 56TH STREET NEW YORK, NY 10022 212-308-3118	5 📂		
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Part VII	Compensation of Independent Con			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule (С	ontains a r	esponse or n	ote to any line	e in this	Part VII				Χ
Section A.	Officers, Directors,	, Tr	rustees, Ke	ey Employee	s, and Highe	st Con	pensated Emp	loyees			

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than c is both cor/trust employee	an	(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
(1)BROOKE GARBER NEIDICH	6.00									
CO-CHAIR AND DIRECTOR	0.	x		х				0.	0.	0.
(2)RAM SUNDARAM	1.00									
CO-CHAIR AND DIRECTOR	0.	X						0.	0.	0.
(3)DEBRA PERELMAN	6.00									
VICE CHAIR AND DIRECTOR	0.	x		Х				0.	0.	0.
(4)ELIZABETH FASCITELLI	1.00									
SECRETARY AND DIRECTOR	0.	X		Х				0.	0.	0.
(5)ANNE WELSH MCNULTY	1.00									
TREASURER AND DIRECTOR	0.	Х		Х				0.	0.	0.
(6) ^{ARTHUR} ALTSCHUL, JR.	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)DEVON BRIGER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8)LISA BROOKE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9) RANDOLPH COWEN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) ^{MARK} DOWLEY	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11) ^{MICHAEL} FASCITELLI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) PHYLLIS GREEN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) MARGARET GRIEVE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) JONATHAN HARRIS	1.00									
DIRECTOR	0.	X						0.	0.	0.

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8E1041 1.000

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more rson	e than of is both or/trust employee	an	(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
5) JOSEPH HEALEY	1.00	37								
DIRECTOR	0.	X						0.	0.	
6) HOWARD KATZ	1.00	37						0		
DIRECTOR 7) PREETHI KRISHNA	0.	X						0.	0.	
DIRECTOR	0.	x						0.	0.	
8) CHRISTINE MACK	1.00	Λ						0.	0.	
DIRECTOR	0.	x						0.	0.	
9) RICHARD MACK	1.00							0.	0.	
DIRECTOR	0.	x						0.	0.	
0) JULIE MINSKOFF	1.00							0.	0.	
DIRECTOR	0.	x						0.	0.	
1) DANIEL NEIDICH	1.00							0.	0.	
DIRECTOR	0.	x						0.	0.	
2) AMY PHELAN	1.00	21						0.	0.	
DIRECTOR	0.	x						0.	0.	
3) JOHN PHELAN	1.00	21						0.	0.	
DIRECTOR	0.	x						0.	0.	
4) JOSH RESNICK	1.00	21						0.	0.	
DIRECTOR	0.	x						0.	0.	
5) LINNEA ROBERTS	1.00	21						0.	0.	
DIRECTOR	0.	x						0.	0.	
								0.	0.	
1b Sub-total c Total from continuation sheets to Part VII, So		• • •	• • •	• •	• •			2,674,307.	0.	94,0
d Total (add lines 1b and 1c)	-		• • •	• •	• •			2,674,307.	0.	94,0
 Total number of individuals (including but not l reportable compensation from the organization 	imited to t			d at	oove	e) who	· ·			<u> </u>

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*.
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 5		

Х

Х

4

5

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	box, office	not ch unles r and	Positi eck m s pers a dir	on Iore th Ion is t ector/t	an one both an trustee Highes	Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer -	employee Kev employee	Highest compensated	(W-2/1099-MISC)		organization and related organizations
26) JANE ROSENTHAL	1.00								
DIRECTOR	0.	X					0.	0.	
27) JORDAN SCHAPS	1.00								
DIRECTOR	0.	X					0.	0.	
28) LINDA SCHAPS	1.00								
DIRECTOR	0.	X					0.	0.	
29) ZIBBY SCHWARZMAN	1.00								
DIRECTOR	0.	X			_		0.	0.	
30) DAVID SHAPIRO	1.00								
DIRECTOR	0.	X					0.	0.	
31) EMMA STONE	1.00	37							
DIRECTOR	40.00	X			_		0.	0.	
32) DR HAROLD KOPLEWICZ PRESIDENT				x			1 1 2 2 6 2 0	0.	19,18
33) ELIZABETH PLANET	40.00						1,123,638.	0.	
EXECUTIVE DIR				x			349,433.	0.	10,00
34) JULIA BURNS	40.00						519,135.	0.	10,00
CFO (AS OF AUG 2019)	0.			x			0.	0.	
35) AMIE CLANCY	40.00								
CAO (AS OF MAY 2019)	0.			x			0.	0.	
36) BRETT DAKIN	40.00								
GENERAL COUNSEL	0.			x			229,636.	0.	16,28
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)				•••			• •		
2 Total number of individuals (including bur reportable compensation from the organi		hose 16		d abo	ove) v	who i	eceived more than	\$100,000 of	
3 Did the organization list any former employee on line 1a? If "Yes," complete S									Yes 3
4 For any individual listed on line 1a, is organization and related organization									

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Form 990 (2018) Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	olqu	vee	es,	and H	lig	hest Compensat	ed Employe	ees (c	continue		Page (
(A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not ch unles	(C Pos heck ss pe d a d	c) ition more rson	e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportab compensation related organizatio	le n from	Es	(F) stimated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		orga and	om the anizatio d related anizatior	on d
37) DAVID RIVERA-GARCIA DIR FIN & ADMN (THRU JUL 2019)	40.00	-		x				221,575.		0.		14,9	943
38) DR. MICHAEL MILHAM	40.00			21				221,575.		0.		<u> </u>	/15.
DIR OF CENTER FOR DEVEL. BRAIN	0.					Х		229,951.		0.	<u> </u>	10,0)00.
39) DWAYNE FLINCHUM DIR. OF MARKETING AND COMM.	40.00	-				х		191,823.		Ο.			0.
40) SARAH BURKE	40.00					Δ		191,023.		0.			0.
DIRECTOR OF DEVELOPMENT	0.					х		165,824.		Ο.		15,9	€17.
41) ARNO KLEIN	40.00												
DIRECTOR OF INNOVATION TECHNOL	0.					Х		162,427.		0.	<u> </u>	7,6	566.
		-											
		-											
		-											
		-											
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A			• •	• •								
2 Total number of individuals (including but not I	limited to t	hose l	iste				o re	eceived more than	\$100,000 of	f			
reportable compensation from the organization	ו 🕨	16)									Yes	No
3 Did the organization list any former office	er, directo	or, or	tru	uste	e, I	key e	mp	oloyee, or highes	t compensa	ted			
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations greater the sorganization of the sorganization o	eater than	\$15	0,0	00?	lf	"Yes	"	complete Schedu	ile J for si	the <i>uch</i>		37	
<i>individual</i>5 Did any person listed on line 1a receive or										ual	4	X	
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ıle J	for	such	per	rson	<u></u>		5		Х
 Section B. Independent Contractors 1 Complete this table for your five highest com compensation from the organization. Report co year. 													
(A)								(B)		~	(C)		
Name and business add	ress							Description of se	ervices	C	Compens	sation	
							1						

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

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Form	990 (2	2018) CHILD M	IND INSTITUTE,	INC.	80-0478843 Page 9		
Pa	rt VIII	Statement of Revenue					
		Check if Schedule O contains a r	esponse or note to an	y line in this Part V			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f f	Federated campaigns		21,535,306.			
ue			Business Code				
Program Service Revenue	2a b c	PROGRAM SERVICE FEES	900099	20,670.	20,670.		
S	d						
ran	е						
rog	f	All other program service revenue					
₽	g	Total. Add lines 2a-2f		20,670.			
	3 4 5	Investment income (including of and other similar amounts) Income from investment of tax-exempt Royalties	bond proceeds	202,958. 0. 0.			202,958.
	6a b c d	(i) Rea	Il (ii) Personal	0.			
	7a b	Gross amount from sales of (i) Securities assets other than inventory 6,276 Less: cost or other basis	ties (ii) Other , 636 .				
		and sales expenses 6,224					
	c d	Gain or (loss)	,662.	51,662.			51,662.
Other Revenue	8a	Gross income from fundraising events (not including \$6,958,756. of contributions reported on line 1c). See Part IV, line 18	. a 360,785.				
Oth	b	Less: direct expenses	b 360,785.				
-	с 9а	Net income or (loss) from fundraising e Gross income from gaming activities.	vents	0.			
	b	See Part IV, line 19	b 0.				
	с 10а	Net income or (loss) from gaming acti Gross sales of inventory, less		0.			
	b	returns and allowances Less: cost of goods sold Net income or (loss) from sales of invent	. b 0.	0.			
	Ť	Miscellaneous Revenue	Business Code	0.			
	—		900099	1 725 /22	1 725 422		
	11a b	ADMINISTRATIVE SERVICES OTHER REVENUE	900099	1,725,422. 85,141.	1,725,422. 85,141.		
	C C						
	d e 12	All other revenue		1,810,563. 23,621,159.	1,831,233.		254,620.

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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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 700,569. 700,569 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,534,867. 896,261. 403,892. 234,714. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 8,258,164. 4,822,225. 2,173,087. 1,262,852. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 216,988. 126,707. 57,099 33,182. section 401(k) and 403(b) employer contributions) 581,406 262,005 152,259. 995,670 9 Other employee benefits 87,178. 570,084. 332,892. 150,014 Payroll taxes 10 11 Fees for services (non-employees): Ω a Management 93,975. 42,244 22,086 29,645. b Legal 74,100. 38,275. 29,445 6,380. c Accounting 0 d Lobbying 183,327. 183,327. e Professional fundraising services. See Part IV, line 17 33,194. 33,194 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 221,574. 290,598. 794,413. 282,241 (A) amount, list line 11g expenses on Schedule O.) 3,130 2,790 500. 6,420. 12 Advertising and promotion 248,333. 171,211. 52,137. 24,985. 13 Office expenses 856,716. 553,813. 168,057. 134,846. 14 Information technology 0 15 Royalties 1,570,475. 900,860. 578,701 90,914. Occupancy 16 357,121. 201,598. 16,929 138,594. 17 Travel 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 205,554. 202,788 2,766 Conferences, conventions, and meetings 19 0 20 0 21 Payments to affiliates 613,976. 477,789. 113,485 22,702. 22 Depreciation, depletion, and amortization 276,551. 164,506. 80,069. 31,976. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SUB-CONTRACTORS 5,394,486. 5,159,802. 95,001 139,683. **h**PAYROLL PROCESSING FEES 184,826. 141,537. 35,463 7,826. **BANK FEES** 80,897. 11,979. 36,421 32,497. 35,948. MARKETING 299,287. 161,540. 101,799. 329,989. 139,937. 71,517. 541,443. e All other expenses 24,091,436 16,311,719. 4,836,618 2,943,099. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

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following SOP 98-2 (ASC 958-720)

if

orm	n 990 (2	2018)			0478843 Page 1 1
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,444,784.	1	6,321,604
	2	Savings and temporary cash investments	2,977,115.	2	2,921,302
	3	Pledges and grants receivable, net	11,080,712.	3	8,721,830
	4	Accounts receivable, net	157,013.	4	44,230
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	(
	6	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	0.		C
2	_	organizations (see instructions). Complete Part II of Schedule L	0.	6	C
Assets	7	Notes and loans receivable, net	0.	7	0
Ř	8	Inventories for sale or use	481,123.	8 9	675,390
	9	Prepaid expenses and deferred charges	401,123.	9	075,390
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a7,761,560.			
	h	Less: accumulated depreciation	3,581,860.	100	4,579,078
	11	Investments - publicly traded securities	5,845,851.	11	3,590,716
	12	Investments - other securities. See Part IV, line 11	0.	12	C
	13	Investments - program-related. See Part IV, line 11	0.	13	(
	14	Intangible assets	0.	14	(
	15	Other assets. See Part IV, line 11	1,070,610.	15	2,185,023
	16	Total assets . Add lines 1 through 15 (must equal line 34)	26,639,068.	16	29,039,173
	17	Accounts payable and accrued expenses	1,851,710.	17	2,565,936
	18	Grants payable	0.	18	(
	19	Deferred revenue	0.	19	(
	20	Tax-exempt bond liabilities	0.	20	(
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	(
ູດ	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
LIADIIILIES		disqualified persons. Complete Part II of Schedule L	0.	22	(
i	23	Secured mortgages and notes payable to unrelated third parties	0.	23	(
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	(
	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	852,256.	25	2,962,485
	26	Total liabilities. Add lines 17 through 25	2,703,966.	26	5,528,421
ces		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	6,555,590.	27	5,150,408
ב	28	Temporarily restricted net assets	15,379,512.	28	16,360,344
	29	Permanently restricted net assets	2,000,000.	29	2,000,000
Net Assets of Luin Dalances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
200	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A I	32	Retained earnings, endowment, accumulated income, or other funds		32	
N	33	Total net assets or fund balances	23,935,102.	33	23,510,752
	34	Total liabilities and net assets/fund balances	26,639,068.	34	29,039,173 Form 990 (201

Form 99	90 (2018)			Pa	ge 12			
Part								
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		Χ			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,621,159.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,0					
3	Revenue less expenses. Subtract line 2 from line 1	3		70,2				
4								
5	5 Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6			0.			
7	Investment expenses	7			0.			
8	Prior period adjustments	8			0.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		15,0	00.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	nn (B))						
Part								
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				Yes	No			
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.				37			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or						
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			х				
b	Were the organization's financial statements audited by an independent accountant?		2b	A				
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	-	20	х				
	of the audit, review, or compilation of its financial statements and selection of an independent ac		2c	Λ				
	If the organization changed either its oversight process or selection process during the tax year, e	explain in						
-	Schedule O.							
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	นแจ.	1 30	-				

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

 Department of the Treasury
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 6

	Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public								
Nam	e of t	he organization						Employer identif	cation number
CHI	LD	MIND INST						80-04788	
Pa	-			•	organizations must o	•		,	i.
	org		•		is: (For lines 1 through			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-		rganization described				(iii) Enter the
4		hospital's nam	-	-	conjunction with a hos	spital de	scribed li		(III). Enter the
5					a college or universit	v owner	d or ope	rated by a dovernme	ental unit described in
Ū		0		Complete Part II.)	a concept of anitoron	.y enne	a or opo	fatoa by a govornine	
6					rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	Х		-	-					om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	l research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
		=	r a non-land-	grant college of ag	priculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:							
10	An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
11 12		•	•						carry out the purposes
12		-	-		-	-			See section 509(a)(3).
									nes 12e, 12f, and 12g.
а	Γ			-	, supervised, or contr			-	-
				•	regularly appoint or e	•		• • • • •	
			•	., .	e Part IV, Sections A				
b		_ ·· ~	•		ed or controlled in co		n with its	supported organizati	on(s), by having
					rganization vested in				
	_	_ organization	(s). You must	complete Part IV	, Sections A and C.				
С					ng organization opera				lly integrated with,
			•	. , .	is). You must comple				
d		• •		•	porting organization o	•			• • • • •
			-		nization generally mus	-		-	d an attentiveness
	Г	·		,	omplete Part IV, Sect a written determinatio				
е			-		ionally integrated sup			••• ••	п, туре пі
f	En								
g				•	orted organization(s).				
		ame of supported of		(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					/	Yes	No	,	
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								
For F	aper	work Reduction A	ct Notice. see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

80-0478843

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,494,029.	17,344,498.	16,172,646.	14,478,694.	21,535,306.	80,025,173.
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	10,494,029.	17,344,498.	16,172,646.	14,478,694.	21,535,306.	80,025,173.
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)						8,783,299.
6	Public support. Subtract line 5 from line 4						71,241,874.
	tion B. Total Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	10,494,029.	17,344,498.	16,172,646.	14,478,694.	21,535,306.	80,025,173.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	147,648.	163,417.	181,096.	218,095.	202,958.	913,214.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	582,502.	678,167.	778,959.	908,060.	1,831,233.	4,778,921.
11	Total support. Add lines 7 through 10						85,717,308.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	236,740.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li			())		14	83.11%
15	Public support percentage from 2017					15	84.82 %
16a	331/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization q			-			
b	331/3% support test - 2017. If the org						
	this box and stop here . The organization			•			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	-	-				
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization				•		
40	supported organization						
18	Private foundation. If the organization						
	instructions						<u>· · · F []</u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•				
	ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a sectior	501(c)(3)
	organization, check this box and stop here	0					· · · · /
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8		0	mn (f))		. 15	%
16	Public support percentage from 2017 Sche	edule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2018 (li			13. column (f))		17	%
18	Investment income percentage from 2017					18	%
	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check th	-					
			r				
h		nization did not	check a box on	line 14 or line 10	a and line 16 is	s more than 331/	3% and
b	331/3% support tests - 2017. If the orga						
b 20		this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 📃

80-0478843

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

80-0478843

10b Schedule A (Form 990 or 990-EZ) 2018

Schedul	e A (Form 990 or 990-EZ) 2018	0 10	F	Page 5
Part				<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sectio	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Sectio	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations	-		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	tructi	ons).	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
۲.				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	24		
-		2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form		990-E2	2) 2018

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Schedule A (Form 990 or 990-EZ) 2018	inction	•	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI) See
instructions. All other Type III non-functionally integrated supporting organized			,
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	4		
4 Enter greater of line 2 or line 3.			
4 Enter greater of line 2 or line 3.5 Income tax imposed in prior year	5		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

	ule A (Form 990 or 990-EZ) 2018			Page 7
Part		Supporting Organizat	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Page **8**

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

SCHEDULE A, PART II -	OTHER INCOME	6			ATTACHMENT 1	
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS REVENUE			35,269.	20,548.	105,811.	161,628.
ADMINISTRATIVE SERVICES	582,502.	678,167.	743,690.	887,512.	1,725,422.	4,617,293.
TOTALS	582,502.	678,167.	778,959.	908,060.	1,831,233.	4,778,921.

310099

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

80-0478843

CHILD MIND INSTITUTE, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ldots **>** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I

			1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$2,600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,726,708.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,335,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$515,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$449,232.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$695,000.	Person X Payroll Noncash

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(Complete Part II for noncash contributions.)

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310099

Page 2

Employer identification number 80-0478843

Schedule B	(Form	990,	990-EZ,	or 990-PF) (2018)

Name of organization CHILD MIND INSTITUTE, INC.

Employer identification number 80-0478843

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

lame of orgar	rm 990, 990-EZ, or 990-PF) (2018) nization CHILD MIND INSTITUTE,INC		Page 4 Employer identification number 80-0478843
(1 th co U		year from any one contrik completing Part III, enter th ear. (Enter this information o	outor. Complete columns (a) through (e) and e total of <i>exclusively</i> religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZI	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZI	(e) Transfer of gift P + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

20

OMB No. 1545-0047

18

Dep	artment of the Treasury		Attach to Form 990.				Open to Public
	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions and	d the latest infor			Inspection
	e of the organization				Em	ployer identifica	tion number
CH	ILD MIND INSTI					80-047884	13
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other Sin	nilar Funds o	r Acc	ounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Par	t IV, line 6.			
			(a) Donor advised f	unds		(b) Funds and	other accounts
1	Total number at e	nd of year					
2	Aggregate value o	of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	it end of year					
5	Did the organizati	ion inform all donors and donor	advisors in writing that the	he assets held	l in do	nor advised	
	funds are the orga	nization's property, subject to the	e organization's exclusive le	egal control?			Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writi	ng that grant i	funds o	can be used	
	only for charitable	purposes and not for the bene	fit of the donor or donor a	advisor, or for	any otl	ner purpose	
		issible private benefit?					Yes No
Pa		tion Easements.					
		e if the organization answered					
1		servation easements held by the	· · ·				
		n of land for public use (e.g., rec	reation or education)				portant land area
		of natural habitat		Preservation	n of a c	ertified histor	ric structure
~		n of open space	1.1				
2	-	through 2d if the organization h	eld a qualified conservatior	n contribution i	n the f		End of the Tax Year
		ast day of the tax year.			0-	field at the	
a		onservation easements			2a		
b		tricted by conservation easements			2b 2c		
C		vation easements on a certified			20		
d		rvation easements included in (o			2d		
3		isted in the National Register rvation easements modified, trar				by the organ	ization during the
5	tax year ▶		Isierieu, releaseu, exiiriyui	shed, or termi	nateu	by the organ	ization during the
4		where property subject to conse	rvation easement is located				
5		ation have a written policy req			tion k	andling of	
•	-	orcement of the conservation ea				-	Yes No
6		hours devoted to monitoring, inspec					
Č.		ionic develoa te memoring, mepoe	ang, hananng or violatione, a	ind officienty co	noorva		adning the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations.	and enforcing o	conser	vation easem	ents during the year
	▶\$			g			,
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requir	ements of sect	tion 17	0(h)(4)(B)(i)	
)(4)(B)(ii)?					Yes No
9		be how the organization reports					
	balance sheet, an	d include, if applicable, the text o	of the footnote to the organ	ization's finan	cial sta	tements that o	describes the
		ounting for conservation easeme					
Pa		tions Maintaining Collections			er Sim	ilar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990, Par	t IV, line 8.			
1a	If the organization	n elected, as permitted under Sl orical treasures, or other simila	FAS 116 (ASC 958), not t	o report in its	reven	ue statement	and balance sheet
	works of art, hist	orical treasures, or other similar vide, in Part XIII, the text of the for	ar assets held for public potnote to its financial state	exhibition, ed	ucation	i, or researc	h in furtherance of
b		n elected, as permitted under					
5	works of art, hist	orical treasures, or other simila	ar assets held for public	exhibition, ed	ucatior	, or researc	h in furtherance of
	public service, pro	vide the following amounts relation	ing to these items:				
		ded on Form 990, Part VIII, line 1					
		d in Form 990, Part X					
2	If the organizatio	n received or held works of a	rt, historical treasures, or	other similar	assets	for financia	l gain, provide the
		required to be reported under S					
а		on Form 990, Part VIII, line 1.					
b	Assets included in	Form 990, Part X				🕨 \$	

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

Schedule D (Form 990) 2018

CUTLD MIND INSTITUTE INC

	CHI	LD MIND INSTI	PUTE, INC.			80-0478	843	
Scheo	lule D (Form 990) 2018							Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, o	r Other Similar	Assets (co	ntinuec	3)
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of th	e following that	are a signif	icant us	se of its
	collection items (check all that app			,	0	0		
а	Public exhibition	.)/.	d Loan	or exchange	programs			
b	Scholarly research		e Other	-	programo			
		rationa						
c	Preservation for future gene			u				in Deut
4	Provide a description of the organ	nization's collections	and explain how	they further	the organizatio	'n's exempt p	ourpose	in Part
	XIII.							
5	During the year, did the organization						7	
	assets to be sold to raise funds rath	her than to be mainta	ained as part of the	organizatior	n's collection? .	<u> </u>	Yes	No
Ра	rt IV Escrow and Custodial A							
	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line	9, or reported	an amount	on For	m
	990, Part X, line 21.							
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for o	ontributions	or other assets i	not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i					· · · · · ·		
			inter and remembering tak			Amount		
с	Beginning balance			10		7 thround		
	Additions during the year							
e	Distributions during the year							
T	Ending balance						1	
2a	Did the organization include an am					-	Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanatior	i has been p	rovided on Part X	<u> (</u>	<u></u>	
Pa	rt V Endowment Funds.							
	Complete if the organiza	ation answered "Ye	es" on Form 990, I	1				
		(a) Current year	(b) Prior year	(c) Two yea	. ,	e years back		ears back
1a	Beginning of year balance	2,095,523.	2,113,387.	2,017	,895. 1,9	72,722.	2,00	00,000.
b	Contributions							
	Net investment earnings, gains,							
Ŭ	and losses	53,911.	91,136.	203	,492.	95,173.		-6,488.
A								
	Grants or scholarships							
е	Other expenditures for facilities	110,000.	109,000.	108	,000.	50,000.		20,790.
	and programs	110,0001	2007,000.		,			
t	Administrative expenses	2,039,434.	2,095,523.	2 113	,387. 2,0	17,895.	1 0'	72,722.
g	End of year balance					17,000.	1,7	
2	Provide the estimated percentage		end balance (line 1g	column (a)) held as:			
а	Board designated or quasi-endown		_%					
b	Permanent endowment 98.0							
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of the	e organization that	are held ar	nd administered for	or the	_	
	organization by:						Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R? .			3b	
4	Describe in Part XIII the intended u	uses of the organiza	tion's endowment fu	nds.		·		
Pa	rt VI Land, Buildings, and Equ	upment.						
	Complete if the organize	ation answered "Ye						
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accumulated depreciation	(d)	Book valu	е
10	Land	· · · · · · · · · · · · · · · · · · ·		iner)	depreciation			
-	Land							
b	Buildings		E *	328,021.	1 /75 202	2	3 05'	2 620
C	Leasehold improvements				1,475,383			2,638.
d	Equipment)62,150.	1,431,287			0,863.
e	Other			371,390.	275,813			5,577.
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Form	n 990, Part X, colum	n (B), line 10	Dc.)		4,579	9,078.

Schedule D (Form 990) 2018

CHILD MIND INSTITUTE, INC. 80-0478843 Schedule D (Form 990) 2018 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) DUE FROM CHILD MIND MEDICAL PRACTICE, PLLC FOR (2) ADMINISTRATIVE SERVICES (3)(SEE SCHEDULE L PART V) 2,183,076. (4) (5) WEBSITE & SOFTWARE COSTS, NET 1,947. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 2,185,023. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT LIABILITY 2,962,485 (3)(4)(5) (6)(7)(8) (9)

2,962,485. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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 JSA 8E1270 1.000

Х

CHILD	MIND	INSTITUTE,	INC.
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
Complete if the organization answered "Yes" on Form 990. Part IV line 12a					
	0 0 E 1				
	8,854.				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments					
b Donated services and use of facilities 2b 9,259,962.					
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)					
	20,889.				
3 Subtract line 2e from line 1	37,965.				
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					
b Other (Describe in Part XIII.)					
	33,194.				
	21,159.				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1 Total expenses and losses per audited financial statements	33,204.				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities					
b Prior year adjustments					
c Other losses.					
d Other (Describe in Part XIII.)					
	4,962.				
	58,242.				
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a investment expenses not included on rom 350, Part Vin, inte 75					
	33,194.				
	91,436.				
art XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part	X. line				

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, QUESTION 4

ENDOWMENT:

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

PART X, QUESTION 2

UNCERTAIN TAX POSITIONS:

CMI IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF CMI'S GENERAL TAX-EXEMPT STATUS, ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON CMI'S FINANCIAL STATEMENTS.

SUBSEQUENT TO YEAR-END, THE PROVISION IN THE TAX CODE REQUIRING CMI TO REMIT A TAX ATTRIBUTABLE TO TRANSPORTATION FRINGE BENEFITS WAS REPEALED RETROACTIVELY TO DECEMBER 31, 2017, THEREFORE ELIMINATING CMI'S OBLIGATION FOR THIS TAX. CMI WILL FILE FOR A CLAIM OF REFUND FOR ANY TAXES PAID SUBSEQUENT TO DECEMBER 31, 2017 RELATING TO TRANSPORTATION FRINGE BENEFITS.

PART XI, LINE 2B

DURING FISCAL-YEAR 2019, CMI RECEIVED DONATED LEGAL AND MARKETING SERVICES TOTALING APPROXIMATELY \$173,000. DURING FISCAL-YEAR 2019, CMI ALSO RECEIVED APPROXIMATELY \$9,087,000 IN THE FORM OF DONATED PLACEMENTS OF PUBLIC-SERVICE ANNOUNCEMENTS ("PSAS"), IN VARIOUS FORMS OF MEDIA. THE PSAS SERVED TO COMMUNICATE CMI'S MISSION TO THE GENERAL PUBLIC.

310099

Part XIII Supplemental Information (continued)

PART XII, LINE 2D

CMI RESERVED \$15,000 OF CERTAIN CONTRIBUTIONS RECEIVABLE THAT WERE

DETERMINED TO BE UNCOLLECTIBLE FOR FISCAL-YEAR 2019.

310099

SCHEDULE G	Supplemental	Information Re	garding	, Fundrai	ising or Gamin	g Activities	OMB No. 1545-0047
(Eorm 990 or 990, EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						୭ ଲ 18	
organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							
Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest instructions.					Open to Public Inspection		
Name of the organization						-	
CHILD MIND INST	ITUTE, INC.					80-0478843	
	ing Activities. Cor				"Yes" on Form §	990, Part IV, line	17.
	0-EZ filers are not				tivitie - Oheerke	II that any hi	
V	the organization rai	•		•	activities. Check a non-government g		
	email solicitations	e			government grants		
c X Phone solici		g			ising events	,	
d X In-person so	olicitations	5			5		
2a Did the organiza	tion have a written o	or oral agreement w	/ith any in	dividual (in	cluding officers, d	irectors, trustees, _r	
	es listed in Form 990	· · ·				0	X Yes No
	10 highest paid ind least \$5,000 by the		(fundraise	ers) pursua	int to agreements	under which the	fundraiser is to be
compensated at	least \$5,000 by the	organization.					
						(v) Amount paid to	
(i) Name and addr or entity (fu		(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (iu	nuraiser)		contril	butions?	from activity	col. (i)	organization
			Yes	No			
1		BENEFIT					
EVENT ASSOCIA	TES, INC.	DINNER		X	6,994,288.	70,000.	6,924,288.
2 EVENT ASSOCIA	TTO THO	SPRING LUNCHEON		x	325,253.		325,253.
3	TES, INC.	2018 FALL		A	525,255.		323,233.
EVENT ASSOCIA	TES, INC.	PALO ALTO		x	235,388.	6,500.	228,888.
4		FUNDRAISING				,	
COMMUNITY COU	NSELLING SER	COUNSEL		Х		100,327.	
5		2019 FALL					
EVENT ASSOCIA	TES, INC.	PALO ALTO		Х	721,164.	6,500.	714,664.
6							
7							
1							
8							
9							
10							
Total					8,276,093.	183.327.	8,193,093.
	which the organiza	tion is registered o	or licensed	d to solicit			
registration or lic		0					·
AL, AK, AR, CA, CO, C	CT,DC,FL,GA,HI	,IL,					
KS, KY, ME, MD, MA, N			ND,OH,				
OK, OR, PA, RI, SC,	IN,UT,VA,WA,WV	,WI,					

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contribut			
			(a) Event #1 BENEFIT DINNER (event type)	(b) Event #2 SPRING LUNCHEO (event type)	(c) Other events 2. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	6,994,288.	325,253.	956,552.	8,276,093
	2	Less: Contributions	6,766,682.	278,221.	870,405.	7,915,308.
	3	Gross income (line 1 minus line 2)	227,606.	47,032.	86,147.	360,785
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	227,606.		7,848.	235,454
	7	Food and beverages		47,032.	78,299.	125,331
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lin Net income summary. Subtract lin				360,785
Ра			anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect F	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	Ibtract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the organization licensed to con	anization conducts ga	ming activities: in each of these state		YesNo
l0a b		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus			Yes _ No
					Schedule G	G (Form 990 or 990-EZ) 2018

JSA

Sched	ule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
Ivu	revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party \triangleright \$
С	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:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 💲
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
PRO	FESSIONAL FUNDRAISER
THE	AMOUNT PAID TO THE PROFESSIONAL FUNDRAISER, EVENT ASSOCIATES, INC.,
REPI	RESENTS FEES PAID FOR THE PLANNING OF CMI'S NOVEMBER 2019 ANNUAL
BENI	EFIT DINNER, THE 2018 FALL AND 2019 FALL PALO ALTO LUNCHEON.

Schedule G (Form 990 or 990-EZ) 2018

Sched	ule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility 13a		%
b	An outside facility 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year s	<u> </u>	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform		
	(see instructions).	lation	
IN	JULY 2019, CMI CONTRACTED WITH EVENT ASSOCIATES, INC. FOR THE NOVEMBER		
201	9 ANNUAL BENEFIT DINNER, AND A \$70,000 DEPOSIT TOWARDS THAT CONTRACT		
WAS	PAID TO EVENT ASSOCIATES, INC. IN FY 2019. CMI PAID \$13,000 TO EVENT		
ASS	OCIATES, INC. FOR THE 2018 FALL AND 2019 FALL PALO ALTO LUNCHEON.		

Schedule G (Form 990 or 990-EZ) 2018

Sched	dule G (Form 990 or 990-EZ) 2018	Page 3
11	Does the organization conduct gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility 13a	%
b	,	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	_
	revenue?	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 ► \$ If "Yes," enter name and address of the third party:	
U	in res, enter name and address of the time party.	
	Name	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ▶ \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	· · · · · · · · · · · · · · · · · · ·	
	retain the state gaming license? Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	
THE	AMOUNT PAID TO THE PROFESSIONAL FUNDRAISING COUNSEL, COMMUNITY	
COU	NSELLING SERVICE CO., LLC ("CCS"), REPRESENTS FEES PAID TO PROVIDE	
FUN	DRAISING COUNSEL, INCLUDING ON OUR MAJOR GIFT CAMPAIGN. THE TOTAL	
AMO	UNT PAID TO CCS IN FY 2019 WAS \$100,327.	

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I (Form 990)				Assistance t				OMB No. 1545-0047
(FOIII 990)			•	ndividuals in				2018
	Comp	lete if the or	•	wered "Yes" on F ttach to Form 990	,	, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go t		/Form990 for the I		ı.		Inspection
Name of the organization		,				-	Employer identification	on number
CHILD MIND INST	CITUTE, INC.						80-047884	3
Part I General I	nformation on Grants and	d Assistance	Э					
1 Does the organiz	zation maintain records to su	bstantiate the	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crit	eria used to award the grants	s or assistanc	e?				l	X Yes No
2 Describe in Part	IV the organization's proced	ures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants ar	d Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	ernments. Con	plete if the organiz	ation answered "Ye	es" on Form 990,
Part IV, lii	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can b	e duplicated if	additional space is n	ieeded.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)		-						
(2)		_						
(3)		-						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)		-						
(10)		-						
(11)		-						
(12)		-						
	er of section 501(c)(3) and g							
	er of other organizations list on Act Notice, see the Instructi							edule I (Form 990) (2018

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80-0478843

Schedule I (Form 990) (2018)					80-0478843 Page 2
Part III Grants and Other Assistance to Domestic			ne organization	answered "Yes" on F	
Part III can be duplicated if additional space (a) Type of grant or assistance (b)	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	52.	700,569.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	ormation re	equired in Part I,	line 2, Part III, o	column (b); and any o	ther additional
SCHEDULE I, PART III, LINE 1A					
CMI CONTRIBUTES TO A FINANCIAL AID PROGRA	AM THAT (OFFERS ELIGI	BLE FAMILIES	5	
A FEE DISCOUNT FOR DIAGNOSTIC EVALUATION	s and ond	GOING TREATM	ENT FOR		
CHILDREN WITH MENTAL HEALTH DISORDERS. TH	HE PROGRA	AM IS DESIGNI	ED TO ALLOW		
PATIENTS FROM LOW-INCOME FAMILIES TO QUAL	LIFY, WHI	ILE ALSO ACCO	OMODATING		
MIDDLE-INCOME FAMILIES WHO FACE OTHER FI	NANCIAL S	STRAINS. IN H	FY 2019, CM3	ſ	
CONTRIBUTED \$700,569 TO THE FINANCIAL AI	D PROGRAM	4, BENEFITING	G 300		

PATIENTS.

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Schedule I (Form 990) (2018)

-	EDULE J n 990)			0	AB No.	1545-0	047
(. 0		Cor	npensated Employees		20	18	
D	6.6. T.			^{3.} O	pen te	o Pub	olic
	nent of the Treasury Revenue Service						
Name	of the organization	990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 20 of the Treasury enue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 0pen to Inspec be organization Minto INSTITUTE, INC. Employer identification number 80 - 0478843 Questions Regarding Compensation 80 - 0478843 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Personal services (such as maid, chauffeur, chef) any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment retors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line a? 1b dictate which, if any, of the following the filing organization used to establish the compensation of the ganization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a lated organization committee Written employment contract X Y Mintependent compensation comsultant Y Written employment contract Compensation survey or study Y			r		
CHII				80-0478843			
Part	Question	is Regarding Compensation					
						Yes	No
1a							
			<u> </u>				
		•					
		• • • •					
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	or reimburse	ment or provision of all of the ex	penses described above? If "No," com	plete Part III to			
•	explain		A state of the second		10		
2	-			-			
				checked on the	2		
					2		
3							
		•					
	00po.						
		•		tion committee			
		•	, , , , , , , , , , , , , , , , ,				
4			Part VII, Section A, line 1a, with respect to	the filing			
а	•	•	avment?		42		Х
b			-				X
							X
Ŭ	-						
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	manizations must complete lines 5-9				
5	•			anv			
•							
а		0			5a		Х
							X
	-	-					
6			line 1a, did the organization pay or accrue	any			
	-			-			
а					6a		X
b					6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990. Part VII. Sectio	n A. line 1a. did the organization provi	de any nonfixed			
					7	Х	
8							
		-	•		8		Х
9							
	Regulations s	ection 53.4958-6(c)?	<u></u>	<u></u> .	9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 990.	Sched	ule J (Fo	orm 990	0) 2018

Schedule J (Form 990) 2018

Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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. of W-2 and/or 1099-MISC (

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reporte as deferred on prior Form 990
DR HAROLD KOPLEWICZ	(i)	623,638.	500,000.	0.	10,000.	9,187.	1,142,825.	(
1 ^{PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	
ELIZABETH PLANET	(i)	349,433.	0.	0.	10,000.	0.	359,433.	
2 ^{EXECUTIVE DIR}	(ii)	0.	0.	0.	0.	0.	0.	
DR. MICHAEL MILHAM	(i)	229,951.	0.	0.	10,000.	0.	239,951.	
3 ^{DIR OF CENTER FOR DEVEL. BRAIN}	(ii)	0.	0.	0.	0.	0.	0.	
BRETT DAKIN	(i)	229,636.	0.	0.	10,000.	6,288.	245,924.	
4 GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	
DAVID RIVERA-GARCIA	(i)	221,575.	0.	0.	8,655.	6,288.	236,518.	
5 DIR FIN & ADMN (THRU JUL 2019)	(ii)	0.	0.	0.	0.	0.	0.	(
DWAYNE FLINCHUM	(i)	191,823.	0.	0.	0.	0.	191,823.	(
DIR. OF MARKETING AND COMM.	(ii)	0.	0.	0.	0.	0.	0.	(
SARAH BURKE	(i)	165,824.	0.	0.	9,633.	6,284.	181,741.	
7 DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	
ARNO KLEIN	(i)	162,427.	0.	0.	7,666.	0.	170,093.	(
8 ^{DIRECTOR OF INNOVATION TECHNOL}	(ii)	0.	0.	0.	0.	0.	0.	(
9	(i) (ii)							
0	(i)							
0	(ii)							
	(i)							
11	(ii)							
••	(i)							
2	(ii)							
	(i)							
13	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
16	(ii)							

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Page 3

Schedule J (Form 990) 2018 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.

SCHEDULE J, PART I, LINE 3

CMI'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION REVIEW POLICY, WHICH IT FOLLOWS WHEN APPROVING THE COMPENSATION AND BENEFITS OF THE PRESIDENT. THE PRESIDENT'S COMPENSATION IS REVIEWED EVERY TWO YEARS BY AN INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW SIMILAR POSITIONS IN COMPARABLE NON-PROFIT ORGANIZATIONS. EACH YEAR, THE COMPENSATION COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH IS COMPOSED OF NON-INTERESTED MEMBERS, REVIEWS THE INDEPENDENT CONSULTANT'S REPORT, INCLUDING APPROPRIATE COMPARABILITY DATA, AND MAKES A DETERMINATION ABOUT THE PRESIDENT'S ANNUAL COMPENSATION BASED ON ALL RELEVANT FACTORS, ENSURING THAT THE COMPENSATION IS REASONABLE. THE COMMITTEE REVIEWS THE PRESIDENT'S TOTAL COMPENSATION, WHICH INCLUDES BOTH CURRENT COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE COMMITTEE'S MINUTES AND RETAINED IN CMI'S RECORDS.

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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 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.

SCHEDULE J, PART I, LINE 7 THE COMPENSATION OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 IS REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR (OR THE PRESIDENT, IN THE CASE OF THE EXECUTIVE DIRECTOR) WITH THE ASSISTANCE OF STAFF, IN CONJUNCTION WITH THE INDIVIDUAL'S PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT THE COMPENSATION IS REASONABLE.

EVERY TWO YEARS, CMI ENGAGES AN INDEPENDENT CONSULTANT TO CONDUCT A REVIEW OF THE ORGANIZATION'S PAY PRACTICES AND TO ESTABLISH SALARY RANGES FOR ALL POSITIONS BASED ON COMPARABILITY DATA. GENERALLY, THE MIDPOINT OF CMI'S SALARY RANGES FALLS WITHIN THE SALARY RANGE AVERAGES OF COMPARABLE NON-PROFIT ORGANIZATIONS. PERFORMANCE REVIEWS ARE THEN USED TO ESTABLISH AN INDIVIDUAL EMPLOYEE'S COMPENSATION WITHIN THE APPROPRIATE SALARY RANGE.

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Schedule J (Form 990) 2018

Page 3

-	DULE L 990 or 990-EZ)	Con							Persons rt IV, line 25a, 25b	26 27 3	289	OME	3 No. 1 ഹെവം	545-004 4 O	17
Departm	ent of the Treasury Revenue Service			28b, or 28c, ►Att	or Fo	orm 990 o Form	0-EZ, Part V, 990 or Form	line 38 990-E2	a or 40b.		.04,		20 pen To specti	Public on	
0	the organization	I								Employer	identif		-		
CHILI	O MIND INST	ITUTI	E, INC.							80-	0478	843			
Part I	Excess Be	nefit T	ransactions	(section 501	(c)(3)). secti	ion 501(c)(4). and	501(c)(29) orga	nizations	onlv).				
									25a or 25b, or Fo				line 4	0b.	
1	(a) Name of disc	jualified p	person	(b) Relatio	nship I	between organiz	disqualified pers ation	on and	(c) D	escription	of trans	saction			Corrected?
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
ι	under section 49	958.							d persons during			►\$_ ►\$_			
Part I	Complete	if the o	From Interest organization a prted an amo	answered "Ye	es" or				ine 38a or Form 9	990, Par	t IV, lir	ne 26;	or if tl	ne	
(a) N	ame of interested pe	erson	(b) Relationship with organization	(c) Purpose of Ioan	fror	an to or n the ization?	(e) Origin principal am		(f) Balance due	(g) In	default?		proved pard or nittee?	(i) Wr agreem	
					То	From				Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
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(7)															
(8)															
(9)															
(10)									<u> </u>	_					
Total Part I			ance Benefit					, line 2	\$ 27.						
(a) N	ame of interested pe	erson		p between intere I the organization		c) Amou	nt of assistance		(d) Type of assistance	e	(e)) Purpo	se of as	sistance	1
(1)															
(2)															
(3)															
(4)															
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(10)															
For Pap	erwork Reductio	on Act M	Notice, see the	e Instructions	for Fo	orm 990	or 990-EZ.			Sche	edule L	_ (Form	990 or	990-EZ) 2018

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	organi	naring of ization's nues?
				Yes	No
(1) CHILD MIND MEDICAL PRACTICE, PLLC	SEE PART V		SEE PART V		X
(2) CHILD MIND MEDICAL PRACTICE, PC	SEE PART V		SEE PART V		х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

(A) INTERESTED PERSON: DR. HAROLD KOPLEWICZ

(B) ENTITIES: CHILD MIND MEDICAL PRACTICE, PLLC (THE "NY PRACTICE") AND

CHILD MIND MEDICAL PRACTICE, PC (THE "CA PRACTICE")

(C) RELATIONSHIP: DR. HAROLD KOPLEWICZ, PRESIDENT OF CHILD MIND

INSTITUTE, INC. ("CMI"), IS ALSO A MEMBER OF THE NY PRACTICE AND THE SOLE SHAREHOLDER OF THE CA PRACTICE. BOTH THE NY PRACTICE AND CA PRACTICE WERE FORMED TO PROVIDE CLINICAL CARE AND TREATMENT TO CHILDREN AND ADOLESCENTS AND TO PERFORM CERTAIN ACTIVITIES RELATED TO CMI'S RESEARCH, WHICH UNDER APPLICABLE STATE LAW CMI IS NOT PERMITTED TO PERFORM AND WHICH ARE CRITICAL TO CMI'S MISSION TO TRANSFORM THE LIVES OF CHILDREN AND FAMILIES STRUGGLING WITH MENTAL HEALTH AND LEARNING DISORDERS.

(D) TRANSACTIONS:

(1) FORMATION. UNDER APPLICABLE STATE 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 PERMITTED TO HOLD AN OWNERSHIP INTEREST IN THE NY PRACTICE OR THE CA PRACTICE. IN FURTHERANCE OF CMI'S MISSION, TO PROTECT CMI'S INTERESTS, TO SUPPORT CLINICAL AND

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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	Name of interested person (b) Relationship between interested person and the organization		(d) Description of transaction	organiz	haring of ization's nues?	
				Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

v Supplemental Information

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

RESEARCH ACTIVITIES CONDUCTED BY THE PRACTICES, AND TO COMPLY WITH THE FOREGOING OWNERSHIP REQUIREMENT, DR. KOPLEWICZ, A PHYSICIAN LICENSED IN NEW YORK AND CALIFORNIA, IS THE CONTROLLING MEMBER OF THE NY PRACTICE AND THE SOLE SHAREHOLDER OF THE CA PRACTICE.

(X) THE MEMBERSHIP INTERESTS IN THE NY PRACTICE HAVE BEEN STRUCTURED SO THAT NO 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 NY PRACTICE PURSUANT TO WHICH THEY HAVE AGREED NOT TO SELL THEIR INTERESTS TO ANY PARTY OTHER THAN THE NY 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 NY PRACTICE'S ARTICLES OF ORGANIZATION PROVIDE THAT THE NY 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 NY 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 NY PRACTICE IS EVER

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	 a) Name of interested person (b) Relationship between interested person and the organization 		(d) Description of transaction	organiz	haring of ization's nues?	
				Yes	No	
(1)						
(2)						
(3)						
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(6)						
(7)						
(8)						
(9)						
10)						

Part V Supplemental Information

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

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. CMI, THE NY PRACTICE, AND ITS MEMBERS HAVE ALSO ENTERED INTO AN AFFILIATION AGREEMENT PROVIDING THAT THE MEMBERS HOLD THEIR INTERESTS IN THE NY PRACTICE SOLELY FOR THE BENEFIT OF CMI AND CMI HAS THE RIGHT, IN ITS SOLE DISCRETION, TO FORCE THE TRANSFER OF A MEMBER'S INTERESTS IN THE NY PRACTICE TO ANOTHER LICENSED PHYSICIAN.

(Y) THE SHARES IN THE CA PRACTICE ARE RESTRICTED BY A STOCK TRANSFER RESTRICTION AGREEMENT ENTERED INTO BY CMI, THE CA PRACTICE, AND THE SOLE SHAREHOLDER PURSUANT TO WHICH CMI MUST APPROVE ANY DISPOSAL OR DISTRIBUTION OF ANY SHARES IN THE CA PRACTICE AND MAY TRANSFER ANY SUCH SHARES TO A DESIGNATED TRANSFEREE.

(2) RESTRICTED GRANT AGREEMENTS. TO FACILITATE THE FORMATION OF BOTH THE NY PRACTICE AND THE CA PRACTICE AND THE CONDUCT BY THE PRACTICES OF CLINICAL AND RESEARCH ACTIVITIES THAT FURTHER CMI'S MISSION, CMI ENTERED INTO RESTRICTED GRANT AGREEMENTS WITH EACH OF PRACTICES PURSUANT TO WHICH CMI AGREED TO MAKE SPECIAL PURPOSE RESTRICTED GRANTS TO THE PRACTICES UP Page 2

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 persor	(a) Name of interested person(b) Relationship between interested person and the organization		(d) Description of transaction	organiz	naring of ization's nues?	
				Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

Supplemental Information

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

TO THE AGGREGATE AMOUNT OF \$1,750,000 AND \$5,000,000, RESPECTIVELY. THE RESTRICTED GRANT AGREEMENTS PROVIDE, AMONG OTHER THINGS, THAT: (X) THE PRACTICES ARE REQUIRED TO OPERATE IN A MANNER THAT IS, AND LIMITS ITS ACTIVITIES TO THOSE THAT ARE, CONSISTENT WITH AND FURTHER THE MISSION OF CMI; (Y) THE GRANTS MUST BE USED BY THE PRACTICES EXCLUSIVELY IN CONNECTION WITH THE CONDUCT OF ACTIVITIES THAT FURTHER AND SUPPORT CMI'S MISSION; AND (Z) THE PRACTICES MUST OBSERVE VARIOUS REPORTING, BUDGETARY AND OTHER FINANCIAL REQUIREMENTS AND ENGAGE AUDITORS ACCEPTABLE TO CMI. IF THE PRACTICES FAIL TO OBSERVE THE REQUIREMENTS OF THE RESTRICTED GRANT AGREEMENTS, THE AGREEMENTS MAY BE TERMINATED, IN WHICH CASE UNSPENT FUNDS MUST BE RETURNED TO CMI AND DAMAGES MAY BE DUE.

(3) SERVICES AGREEMENTS. PURSUANT TO AN ADMINISTRATIVE SERVICES AGREEMENT BETWEEN CMI AND THE NY PRACTICE AND A MANAGEMENT SERVICES AGREEMENT BETWEEN CMI AND THE CA PRACTICE, CMI PROVIDES CERTAIN SERVICES TO THE PRACTICES FOR WHICH THE PRACTICES COMPENSATE 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

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	 a) Name of interested person (b) Relationship between interested person and the organization 		(d) Description of transaction	organi	haring of ization's nues?	
				Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

Supplemental Information

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

PRACTICES' PAYMENT OBLIGATIONS TO CMI FOR SERVICES PROVIDED UNDER THESE SERVICES AGREEMENTS IS CURRENTLY REFLECTED AS A RECEIVABLE ON CMI'S FINANCIAL STATEMENTS IN THE AMOUNT OF \$2,183,076 AS REFLECTED IN PART X OF THIS FORM 990.

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

(5) GRANT SERVICES AGREEMENTS. PURSUANT TO GRANT SERVICES AGREEEMENTS BETWEEN CMI AND EACH OF THE NY PRACTICE AND THE CA PRACTICE, CMI ENGAGES THE PRACTICES 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 PRACTICES TO SATISTY THE REQUIREMENTS OF THE DONATION OR GRANT. DURING FY 2019, AMOUNTS PAID TO PRACTICES PURSUANT TO THE GRANT SERVICES AGREEMENT IN PERFORMANCE OF THESE REQUIREMENTS

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	ame of interested person (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Supplemental Information

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

AMOUNTED TO \$2,721,165, INCLUDED UNDER SUB-CONTRACTOR EXPENSES IN PART IX

OF THIS FORM 990.

(E) BOARD OVERSIGHT OF RELATIONSHIP AND TRANSACTIONS:

AS NOTED ABOVE, DR. KOPLEWICZ IS THE PRESIDENT OF CMI, A MEMBER OF THE NY PRACTICE AND THE SOLE SHAREHOLDER OF THE CA PRACTICE. ACCORDINGLY, THE TRANSACTIONS AMONG CMI, THE NY PRACTICE AND THE CA PRACTICE, INCLUDING THE AGREEMENTS DESCRIBED ABOVE, WERE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OF CMI. FURTHERMORE, THE AUDIT & FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF CMI OVERSEES THE ONGOING RELATIONSHIP AMONG CMI, THE NY PRACTICE AND THE CA PRACTICE IN ACCORDANCE WITH CMI'S CONFLICT OF INTEREST AND DISCLOSURE POLICY. Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

Name of the organization

CHILD MIND INSTITUTE TNC

Employe	r identification	number
~ ~	040040	

Part I	Туре	es of Property		
CHILD	MIND	INSILIUIE,	INC.	

80-	047	884	3

Par	Types of Property	1					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(Method of noncash contri		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
-	Clothing and household						
Ŭ	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		12.	768,036.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
••	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ▶()						
26	Other ▶()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for			
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29		
					-	Yes	s No
30a	During the year, did the organizat				-		
	28, that it must hold for at least the	•					
	to be used for exempt purposes for		olding period?		[30a	X
b	If "Yes," describe the arrangement i	n Part II.					
31	Does the organization have a	gift accept	tance policy that require	es the review of any i	nonstandard		
	contributions?				· · · · · · · · +	31 2	ζ
32a	Does the organization hire or use	•	0				_
	contributions?				[32a 🏻 🤉	ζ
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule	M (Form 9	90) 2018

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

FORM 990, SCHEDULE M, LINE 32A

CMI RECEIVES DONATED SECURITIES WHICH IN TURN ARE CONVERTED TO CASH

PROCEEDS FROM SALES OF DONATED SECURITIES THROUGH AN UNRELATED

INTERMEDIARY ORGANIZATION.

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Schedule M (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

FORM 990, PART III, LINE 1

CMI'S MISSION:

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

FORM 990, PART III, LINE 4A

PROGRAM SERVICE, PUBLIC EDUCATION AND OUTREACH:

CMI 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 - CMI'S WEB SITE CONTAINS A WEALTH OF INFORMATION, NEWS, ADVICE, AND STRATEGIES FOR PARENTS, EDUCATORS, AND OTHER PROFESSIONALS DEALING WITH PSYCHIATRIC AND LEARNING DISORDERS IN CHILDREN AND ADOLESCENTS. CHILDMIND.ORG HAS PARTNERED WITH DOZENS OF OTHER SITES AND BLOGS TO SHARE CONTENT AND ENLARGE THE FOOTPRINT OF THE ARTICLES AND RESOURCES WE HAVE CREATED, AND A ROBUST SOCIAL MEDIA CAMPAIGN USES TOOLS LIKE FACEBOOK AND TWITTER TO SPREAD THE WORD. #MYYOUNGERSELF - #MYYOUNGERSELF IS OUR ANNUAL SOCIAL MEDIA AWARENESS CAMPAIGN TO FIGHT THE STIGMA THAT PREVENTS KIDS AND FAMILIES FROM SEEKING LIFE-CHANGING TREATMENT. BY ENGAGING A BROAD COALITION OF PARTNERS AND CELEBRITY PARTICIPANTS, THE CAMPAIGN SPARKS THE NATIONAL ATTENTION THAT CHILDREN'S MENTAL HEALTH DESERVES. IN FY 2019, #MYYOUNGERSELF REACHED MILLIONS WITH MESSAGES OF HOPE ABOUT GROWING UP WITH A MENTAL HEALTH OR LEARNING DISORDER.

ADAM JEFFREY KATZ MEMORIAL CONVERSATION - THIS ANNUAL DISCUSSION WITH A PUBLIC FIGURE ABOUT SUCCEEDING WITH A MENTAL HEALTH OR LEARNING DISORDER IS DESIGNED TO RAISE AWARENESS AND EDUCATE THE PUBLIC. THE CONVERSATION WAS LAUNCHED IN 2003 AS A LIVING MEMORIAL TO ADAM KATZ, WHO STRUGGLED WITH ADHD AND DYSLEXIA. IN FY 2019 THE CONVERSATION FEATURED INVESTOR CHARLES SCHWAB.

ON THE SHOULDERS OF GIANTS - EACH YEAR, CMI'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 CHILDREN'S 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.

STUDENT ART PROJECT - EACH YEAR, CMI INVITES LOCAL PUBLIC AND INDEPENDENT SCHOOLS TO PARTICIPATE IN OUR GALLERY PROGRAM DEDICATED TO DISPLAYING WORKS OF ART CREATED BY STUDENT ARTISTS.

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PARENT AND EDUCATOR WORKSHOPS ON CLINICAL TOPICS - THE PARENT AND EDUCATOR WORKSHOPS COVER A RANGE OF ISSUES AFFECTING CHILDREN, INCLUDING SELECTIVE MUTISM, ADHD, OBSESSIVE-COMPULSIVE DISORDER, AND OTHERS. THESE EDUCATIONAL WORKSHOPS PROVIDE AN OPPORTUNITY FOR PARENTS, TEACHERS, AND OTHER CARING PROFESSIONALS TO GAIN NEW KNOWLEDGE, INSIGHTS AND SKILLS TO IMPROVE THEIR ABILITY TO PARENT AND NURTURE CHILDREN WITH THESE DISORDERS AND HELP THEM THRIVE.

STUDENT SUCCESS PROGRAM - SINCE 2012, OUR STUDENT SUCCESS PROGRAM HAS REACHED MORE THAN 30,000 STUDENTS, PARENTS AND EDUCATORS IN NEW YORK CITY, BALTIMORE, WASHINGTON D.C., AND NEWARK. BETWEEN AUGUST 2018 AND MAY 2019, 258 STUDENTS RECEIVED TREATMENT, 4,261 STUDENTS PARTICIPATED IN RESILIENCE-BUILDING INTERACTIVE WORKSHOPS, 705 PARENTS AND CAREGIVERS PARTICIPATED IN WORKSHOPS ON MENTAL HEALTH TOPICS, AND 5,295 EDUCATORS RECEIVED STAFF PROFESSIONAL DEVELOPMENT. BETWEEN FEBRUARY AND MAY, WE DEVELOPED PARTNERSHIPS IN THE SAN FRANCISCO BAY AREA IN ADVANCE OF OUR OFFICE OPENING, INSPIRED BALTIMORE MENTAL HEALTH PROVIDERS TO PUSH FOR EXPANSION OF OUR TRAUMA-INFORMED TRAININGS, AND HELPED DEVELOP A NETWORK OF SCHOOL-BASED SERVICES IN WASHINGTON, D.C.

PROJECT UROK - PROJECT UROK IS AN INITIATIVE OF CMI WITH ONE SIMPLE GOAL: DE-STIGMATIZATION THROUGH STORYTELLING. THROUGH PROJECT UROK WE SHARE FUNNY, MEANINGFUL VIDEOS FOR TEENAGERS STRUGGLING WITH MENTAL HEALTH ISSUES, MADE BY PEOPLE WHO HAVE BEEN THERE BEFORE, AND PROVIDE CONTENT

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THAT ENGAGES AND SUPPORTS THOSE WHO NEED IT MOST.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE, SCIENCE AND INNOVATION:

CMI HAS A SCIENCE AND INNOVATION MISSION THAT STRIVES TO CREATE A WORLD WHERE EVERY CHILD HAS ACCESS TO MENTAL HEALTH CARE THAT IS EFFICIENT, EFFECTIVE, AND PERSONALIZED. TIMELY, ACCURATE DIAGNOSES AND EFFICIENT INTERVENTIONS ARE CENTRAL TO THE CMI VISION. AS SUCH, OUR MISSION IS TO ACCELERATE THE PACE OF SCIENTIFIC INNOVATION AND DISCOVERY IN CHILDREN'S MENTAL HEALTH AND LEARNING. WE ARE COMMITTED TO DEMOCRATIZING INQUIRY BY MAKING TOOLS AND DATA FREELY AVAILABLE TO THE GLOBAL SCIENTIFIC COMMUNITY. THIS HELPS TO FOSTER COLLABORATIONS THAT CAN TEST, IMPROVE UPON, AND ADOPT INNOVATIVE OPEN SOLUTIONS FOR THE BENEFIT OF EVERY CHILD.

CENTER FOR THE DEVELOPING BRAIN - PSYCHIATRIC DIAGNOSIS IS LIMITED BY A LACK OF OBJECTIVE TOOLS FOR ASSESSING SYMPTOMS AND BEHAVIORS. THE CENTER LEADS A MULTIDISCIPLINARY EFFORT TO REDEFINE DIAGNOSIS BASED ON UNDERLYING NEUROBIOLOGY, LEADING TO THE DEVELOPMENT OF BETTER DIAGNOSTIC TOOLS. WE USE ADVANCED EXPERIMENTAL AND ANALYTICAL TECHNIQUES TO DETERMINE HOW BRAIN FUNCTION AND STRUCTURE DIFFER AMONG INDIVIDUALS AND ARE IMPACTED BY MENTAL ILLNESS ACROSS DEVELOPMENT. CENTRAL TO OUR OPEN SCIENCE AGENDA, THE CENTER HOUSES THE INTERNATIONAL NEUROIMAGING DATA-SHARING INITIATIVE (INDI), WHICH HAS SERVED AS A FLAGSHIP FOR OPEN SCIENCE IN THE BRAIN IMAGING COMMUNITY AND LED TO THE GENERATION OF MORE THAN 1000 PUBLICATIONS BY AUTHORS AROUND THE WORLD.

Employer identification number 80-0478843

COMPUTATIONAL NEUROIMAGING LABORATORY. ACCELERATING THE PACE OF SCIENTIFIC DISCOVERY REQUIRES SIGNIFICANT INNOVATION IN THE ANALYSIS METHODS EMPLOYED BY SCIENTISTS. THE LABORATORY IS BUILDING THE INFRASTRUCTURE NECESSARY BY PROVIDING HIGH QUALITY, SCALABLE, AND REPRODUCIBLE TURNKEY SOLUTIONS TO COMPUTATIONAL CHALLENGES IN IMAGE PROCESSING AND ANALYSIS. WIDESPREAD ACCESS WILL ENABLE SCIENTISTS EVERYWHERE TO DEPLOY LARGE-SCALE ANALYSES WITHOUT EXTENSIVE EXPERTISE. ALL SOFTWARE GENERATED IS OPENLY SHARED THROUGHOUT THE DEVELOPMENT CYCLE.

HEALTHY BRAIN NETWORK - THE HEALTHY BRAIN NETWORK (HBN) IS AN INNOVATIVE NEUROSCIENCE RESEARCH PROGRAM AIMED AT BUILDING THE LARGEST, MOST COMPREHENSIVE DATA RESOURCE FOCUSED EXCLUSIVELY ON CHILDREN AND ADOLESCENTS AND SHARING THE DATA WITH SCIENTISTS GLOBALLY. THROUGH A PROVEN BIG DATA AND OPEN SCIENCE PARADIGM, WE EXPECT THAT THIS INITIATIVE WILL SPUR THE DISCOVERY OF BRAIN-BASED BIOMARKERS OF PSYCHIATRIC AND LEARNING DISORDERS. CMI EXPECTS THAT THE RESEARCH WILL LEAD TO THE DEVELOPMENT OF OBJECTIVE CLINICAL TOOLS FOR MENTAL HEALTH PRACTITIONERS TO PROVIDE MORE ACCURATE DIAGNOSES AND TREATMENT PROTOCOLS FOR STRUGGLING CHILDREN. MORE THAN 4,000 CHILDREN AND ADOLESCENTS (AGES 5-21) HAVE ENROLLED IN HBN, AND MORE THAN 150 INSTITUTIONS AROUND THE WORLD ARE ACTIVELY USING THE HBN BIOBANK FOR THE PURPOSES OF ADVANCING THEIR RESEARCH.

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Schedule O (Form 990 or 990-EZ) 2018		
Name of the organization	Employer identification number	
CHILD MIND INSTITUTE, INC.	80-0478843	

SCIENTIFIC RESEARCH COUNCIL - SELECTED FROM AMONG THE NATION'S TOP CHILDREN'S MENTAL HEALTH SCIENTISTS, THE SCIENTIFIC RESEARCH COUNCIL BRINGS TOGETHER SCIENTISTS AND RESEARCH CLINICIANS TO CREATE A GLOBAL INCUBATOR FOR COLLABORATIVE RESEARCH IN CHILDREN'S MENTAL HEALTH. FUNCTIONING AS A MULTI-INSTITUTIONAL SCIENTIFIC THINK-TANK, THE COUNCIL INCLUDES DISTINGUISHED SCIENTISTS IN THE FIELDS OF CHILD AND ADOLESCENT PSYCHIATRY, PSYCHOLOGY, NEUROSCIENCE, AND NEUROLOGY, AND EXPERTS IN ANXIETY AND MOOD DISORDERS, ADHD, AUTISM SPECTRUM DISORDERS, AND EATING DISORDERS.

MATTER LAB - THE MATTER ("MENTAL ASSISTIVE TECHNOLOGIES FOR THERAPY, EDUCATION, AND RESEARCH") LAB IS DEVELOPING WEARABLE TECHNOLOGIES AND MOBILE APPS THAT HELP GATHER REAL-WORLD DATA USEFUL FOR SCIENTISTS STUDYING MENTAL HEALTH DISORDERS, AND CREATING ROBUST RESEARCH PROTOCOLS SO DATA IS OF HIGH QUALITY AND DEPENDABLE. THIS DATA ON ENVIRONMENTAL STRESSORS, MOVEMENT AND BEHAVIOR TRACKING CAN POTENTIALLY BE USED TO ALERT YOUNG PEOPLE AND FAMILIES TO THE ONSET OF SYMPTOMATIC BEHAVIORS. THE LAB IS ALSO WORKING ON A DATABASE THAT EVALUATES THE RESEARCH SUPPORT FOR APPS AND MATCHES THEM TO THE BEHAVIORS AND SYMPTOMS THEY CAN HELP. THE HOPE IS THAT LARGE-SCALE, STANDARDIZED DATA-COLLECTION AND ANALYSIS WILL LEAD TO SIMPLE BUT POWERFUL MOBILE TOOLS FOR DIAGNOSIS AND EVALUATION.

AUTISM CENTER - THE AUTISM CENTER IS AN INTEGRATED RESEARCH LAB FOCUSED

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Schedule O (Form 990 or 990-EZ) 2018		
Name of the organization	Employer identification number	
CHILD MIND INSTITUTE, INC.	80-0478843	

ON UNDERSTANDING THE NEUROBIOLOGY OF AUTISM SPECTRUM DISORDER USING BRAIN IMAGING AND A RANGE OF OTHER CLINICAL AND COGNITIVE APPROACHES. A SPECIFIC GOAL OF THE CENTER IS DETECTING AUTISM-RELATED DIFFERENCES IN BRAIN CONNECTIVITY THAT EMERGE IN EARLY CHILDHOOD, WITH THE GOAL OF IDENTIFYING OBJECTIVE BIOLOGICAL MARKERS THAT CAN ONE DAY BE USED TO IMPROVE EARLY INTERVENTION EFFORTS AND THE SELECTION OF TREATMENTS. CONSISTENT WITH OUR OPEN SCIENCE PHILOSOPHY, THE CENTER HOUSES THE AUTISM BRAIN IMAGING DATA EXCHANGE, WHICH REPRESENTS THE LARGEST OPEN REPOSITORY FOR AUTISM BRAIN IMAGING DATA IN THE WORLD (DATA FROM 2,000 PARTICIPANTS, HALF OF WHOM HAVE BEEN DIAGNOSED WITH AUTISM).

FORM 990, PART III, LINE 4C

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PROGRAM SERVICE, ACCESS TO CLINICAL CARE:

CMI AIMS TO HELP CHILDREN, TEENS, AND FAMILIES ACCESS THE CLINICAL CARE THEY NEED TO LIVE HEALTHY, FULFILLING LIVES.

FINANCIAL AID PROGRAM - CMI LAUNCHED ITS FINANCIAL AID PROGRAM IN AN EFFORT TO HELP CHILDREN AND FAMILIES RECEIVE CARE AND TREATMENT, REGARDLESS OF ECONOMIC STANDING, FROM OUR CLINICIANS. THE FINANCIAL AID PROGRAM OFFERS ELIGIBLE FAMILIES A FEE DISCOUNT OF UP TO 60% OF THE COST OF SERVICES. IT IS DESIGNED IN A WAY THAT ALLOWS PATIENTS FROM LOW-INCOME FAMILIES TO QUALIFY, WHILE ALSO ACCOMMODATING MIDDLE-INCOME FAMILIES WHO FACE OTHER FINANCIAL STRAINS. SINCE 2011, CMI HAS RAISED A CUMULATIVE TOTAL OF \$5,788,001 FOR THE FINANCIAL AID PROGRAM.

FORM 990, PART V, LINE 15 AND PART VII LINE 33 ALTHOUGH THIS EMPLOYEE RECEIVED COMPENSATION ON THEIR 2018 W-2 IN EXCESS OF \$1,000,000, THEY DID NOT MEET THE CRITERIA UNDER SECTION 4960 DUE TO THE FACT THAT THEIR W-2 COMPENSATION EARNED DURING THE PERIOD 10/01/18 THROUGH 12/31/18 WAS \$194,767. PER IRS NOTICE 2019-09 FOR FISCAL YEAR SEPTEMBER 31,2019 TAX PAYERS, THE SECTION 4960 TAX RELATES TO THE 10/1/18 THROUGH 12/31/18 PORTION OF THE FISCAL YEAR.

FORM 990, PART VI, SECTION A, LINE 2 FAMILY RELATIONSHIPS: PHYLLIS GREEN AND RANDOLPH COWEN ARE HUSBAND AND WIFE ELIZABETH AND MICHAEL FASCITELLI ARE HUSBAND AND WIFE AMY AND JOHN PHELAN ARE HUSBAND AND WIFE CHRISTINE AND RICHARD MACK ARE HUSBAND AND WIFE BROOKE GARBER NEIDICH AND DANIEL NEIDICH ARE HUSBAND AND WIFE PREETHI KRISHNA AND RAM SUNDARAM ARE HUSBAND AND WIFE JORDAN SCHAPS IS THE SON OF LINDA SCHAPS ZIBBY SCHWARZMAN OWENS IS THE STEP-DAUGHTER OF HOWARD KATZ

FORM 990, PART VI, SECTION B, LINE 11B REVIEW OF FORM 990:

CMI'S FORM 990 IS PREPARED BY CMI FINANCE STAFF. THE DRAFT FORM 990 IS THEN REVIEWED BY CMI'S GENERAL COUNSEL AND BY EXTERNAL INDEPENDENT LEGAL COUNSEL. PRIOR TO FILING THE FORM 990 WITH THE IRS, A COPY OF THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF CMI'S BOARD OF DIRECTORS FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY:

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CMI'S CONFLICT OF INTEREST AND DISCLOSURE POLICY REQUIRES DIRECTORS AND OFFICERS TO DISCLOSE POTENTIAL AND ACTUAL CONFLICTS AND TO RECUSE THEMSELVES FROM DELIBERATIONS AND VOTES ON MATTERS THAT INVOLVE A CONFLICT. CMI OBTAINS A SIGNED CONFLICT OF INTEREST DISCLOSURE FORM FROM EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A

CMI'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION REVIEW POLICY, WHICH IT FOLLOWS WHEN APPROVING THE COMPENSATION AND BENEFITS OF THE PRESIDENT. THE PRESIDENT'S COMPENSATION IS REVIEWED EVERY TWO YEARS BY AN INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW SIMILAR POSITIONS IN COMPARABLE NON-PROFIT ORGANIZATIONS. EACH YEAR, THE COMPENSATION COMMITTEE OF CMI'S BOARD OF DIRECTORS, WHICH IS COMPOSED OF NON-INTERESTED MEMBERS, REVIEWS THE INDEPENDENT CONSULTANT'S REPORT, INCLUDING APPROPRIATE COMPARABILITY DATA, AND MAKES A DETERMINATION ABOUT THE PRESIDENT'S ANNUAL COMPENSATION BASED ON ALL RELEVANT FACTORS, ENSURING THAT THE COMPENSATION IS REASONABLE. THE COMMITTEE REVIEWS THE PRESIDENT'S TOTAL COMPENSATION, WHICH INCLUDES BOTH CURRENT COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE COMMITTEE'S MINUTES AND RETAINED IN CMI'S RECORDS.

FORM 990, PART VI, SECTION B, LINE 15B

THE COMPENSATION OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 IS REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR (OR THE PRESIDENT, IN THE CASE OF THE EXECUTIVE DIRECTOR) WITH THE ASSISTANCE OF STAFF IN

JSA

Schedule O (Form 990 or 990-EZ) 2018		
Name of the organization	Employer identification number	
CHILD MIND INSTITUTE, INC.	80-0478843	

CONJUNCTION WITH THE INDIVIDUAL'S PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT THE COMPENSATION IS REASONABLE. EVERY TWO YEARS, CMI ENGAGES AN INDEPENDENT CONSULTANT TO CONDUCT A REVIEW OF CMI'S PAY PRACTICES AND TO ESTABLISH SALARY RANGES FOR ALL POSITIONS BASED ON COMPARABILITY DATA. GENERALLY, THE MIDPOINT OF CMI'S SALARY RANGES FALLS WITHIN THE SALARY RANGE AVERAGES OF COMPARABLE NON-PROFIT ORGANIZATIONS. PERFORMANCE REVIEWS ARE THEN USED TO ESTABLISH AN INDIVIDUAL EMPLOYEE'S COMPENSATION WITHIN THE APPROPRIATE SALARY RANGE.

FORM 990, PART VI, SECTION C, LINE 19 AVAILABILITY OF ORGANIZATIONAL DOCUMENTS: CMI'S ANNUAL REPORTS, FORMS 990 AND 990-T, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEB SITE. THESE DOCUMENTS, AS WELL AS CMI'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST AND DISCLOSURE POLICY, ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 CMI RESERVED \$15,000 OF CERTAIN CONTRIBUTIONS RECEIVABLE THAT WERE DETERMINED TO BE UNCOLLECTIBLE FOR FISCAL-YEAR 2019.

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

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN,MS,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,

RI, SC, TN, UT, VA, WA, WV, WI,

990, PART VII- COMPENSATION OF THE FIVE HIGHEST E	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NELSON WORLDWIDE HOLDINGS PO BOX 822680	CONSTRUCTION SRVCS	296,692.
PHILADELPHIA, PA 19182		004 005
CITIGROUP BIOMEDICAL IMAGING CENTER 1300 YORK AVENUE NEW YORK, NY 10065	MRI SCANNING	294,325.
CIPRIANI USA 110 EAST 42ND STREET NEW YORK, NY 10017	EVENTS	204,856.
RUBENSTEIN ASSOCIATES, INC. 825 EIGHTH AVENUE NEW YORK, NY 10019	COMMUNICATIONS	180,018.
RUTGERS, THE STATE UNIVERSITY OF NJ 197 UNIVERSITY AVE NEWARK, NJ 07102	MRI SCANNING	157,600.

ATTACHMENT 2