

**CHILD MIND INSTITUTE, INC.**  
**FORM 990**  
**COPY FOR PUBLIC INSPECTION**

DECEMBER 31, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending DEC 31, 2023

Form sections B through M: B Check if applicable; C Name of organization (CHILD MIND INSTITUTE, INC.); D Employer identification number (80-0478843); E Telephone number (212 308 - 3118); F Name and address of principal officer (HAROLD KOPLEWICZ MD); G Gross receipts (\$27,693,724); H(a) Is this a group return; H(b) Are all subordinates included?; I Tax-exempt status; J Website (WWW.CHILDMIND.ORG); K Form of organization; L Year of formation (2009); M State of legal domicile (NY)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block fields: Sign Here (Signature of officer: MARYANA GELLER, CHIEF FINANCIAL OFFICER); Paid (Print/Type preparer's name: WILLIAM EPSTEIN); Preparer Use Only (Firm's name: EISNER ADVISORY GROUP LLC; Firm's address: 733 THIRD AVENUE, NEW YORK, NY 10017-2703)

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>CHILD MIND INSTITUTE, INC.</b>	Taxpayer identification number (TIN) <b>80-0478843</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>101 EAST 56TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10022</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **MARYANA GELLER, CFO**  
**101 EAST 56TH STREET NEW - YORK, NY 10022**

Telephone No. **212-308-3118** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_\_ or  
 tax year beginning **OCT 1**, 20 **23**, and ending **DEC 31**, 20 **23**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2024)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,861,638. including grants of \$ 0. ) (Revenue \$ 149,653. ) EDUCATION AND OUTREACH (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 9,524,490. including grants of \$ 179,744. ) (Revenue \$ 0. ) SCIENCE AND INNOVATION (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 2,979,982. including grants of \$ 1,613,174. ) (Revenue \$ 1,366,808. ) ACCESS TO CLINICAL CARE (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,735,482. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 19,101,592.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10), section 501(c)(12) organizations (11), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurance issuers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 35		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 35		
<b>2</b>	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MARYANA GELLER, CFO - 212-308-3118**  
**215 EAST 50TH STREET, NEW YORK, NY 10022**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD KOPLEWICZ, MD PRESIDENT	40.00 20.00			X				1,594,200.	488,474.	890,308.
(2) MARY CORCORAN EXECUTIVE DIRECTOR	40.00 1.00			X				547,638.	0.	49,555.
(3) MICHAEL MILHAM VP, RESEARCH	40.00 5.00				X			529,724.	34,683.	18,647.
(4) GIOVANNI SALUM VP, GLOBAL PROGRAMS	40.00 0.00					X		361,117.	0.	35,024.
(5) MARYANA GELLER CHIEF FINANCIAL OFFICER	40.00 1.00			X				296,795.	0.	65,738.
(6) JEFFREY CHAPMAN VP, MARKETING & COMMUNICATIONS	40.00 0.00					X		301,727.	0.	54,972.
(7) SARAH BURKE VP, STRATEGIC INITIATIVES	40.00 0.00					X		308,452.	0.	41,004.
(8) AMIE CLANCY CHIEF ADMINISTRATIVE OFFICER	40.00 1.00			X				306,170.	0.	20,614.
(9) ADRIANA DI MARTINO SENIOR RESEARCH SCIENTIST	40.00 0.00					X		296,376.	0.	24,893.
(10) DAVID ANDERSON VP, SCHOOL & COMMUNITY PROGRAMS	32.00 8.00					X		231,938.	57,865.	28,223.
(11) KATHLEYA CHOTIROS GENERAL COUNSEL	40.00 1.00			X				204,170.	0.	36,802.
(12) DEVON BRIGER CO-CHAIR AND DIRECTOR	2.00 0.00	X		X				0.	0.	0.
(13) JOSEPH HEALEY CO-CHAIR AND DIRECTOR	2.00 0.00	X		X				0.	0.	0.
(14) DAVID SHAPIRO TREASURER AND DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(15) RAM SUNDARAM DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) ARTHUR ALTSCHUL, JR. DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) MEGAN JONES BELL DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RANDOLPH COWEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) MARK DOWLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) MICHAEL FASCITELLI DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) PHYLLIS GREEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) MARGARET GRIEVE DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) JONATHAN HARRIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) HOWARD KATZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) PREETHI KRISHNA DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) CHRISTINE MACK DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								4,978,307.	581,022.	1265780.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,978,307.	581,022.	1265780.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 60

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

**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
ALPHA SOUTH LLC 349 5TH AVE, NEW YORK, NY 10016	PRODUCT DEVELOPMENT	5,801,403.
SOMETHING IDEAL, INC DBA M SS NG P ECES, 375 GREENWICH ST, 6TH FL, NEW YORK, NY	EDUCATIONAL VIDEOS PRODUCTION	4,295,283.
502 LLC, 375 GREENWICH ST, 6TH FL, NEW YORK, NY 10013	EDUCATIONAL VIDEOS PRODUCTION	3,289,695.
SCIENCESOFT USA CORPORATION, 5900 S LAKE FOREST DR, SUITE 3300, MCKINNEY, TX 75070	SOFTWARE DEVELOPMENT	2,962,591.
DOLP 825 PROPERTIES II LLC, ONE BRYANT PARK, 49TH FL, NEW YORK, NY 10036	CONSTRUCTION OF OFFICE SPACE	1,171,481.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 51

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD MACK DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) ANNE WELSH MCNULTY DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) JULIE MINSKOFF DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) CHRISTINA MINNIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) BROOKE GARBER NEIDICH DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) DANIEL NEIDICH DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) ZIBBY OWENS DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) DEBRA PERELMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) JOSH RESNICK DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) LINNEA ROBERTS VICE CHAIR AND DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(37) JANE ROSENTHAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) ANDY SAPERSTEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) JORDAN SCHAPS DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) JIL SCHAPS DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) EMMA STONE DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) EHREN STENZLER DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) LISA BROOKE DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) CYNTHIA KIM DIRECTOR (AS OF 10/19/2023)	1.00 0.00	X						0.	0.	0.
(45) LISA METCALFE DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) GUY METCALFE SECRETARY AND DIRECTOR	1.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>					
	<b>b</b>	Membership dues	<b>1b</b>					
	<b>c</b>	Fundraising events	<b>1c</b>	3,890,635.				
	<b>d</b>	Related organizations	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	7,131,149.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,881,942.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 323,920.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		12,903,726.				
Program Service Revenue	<b>2 a</b>	PROGRAM SERVICE FEES	<b>Business Code</b>	900099	149,653.	149,653.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f			149,653.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)			739,545.		739,545.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties						
	<b>6 a</b>	Gross rents	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss)						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					12,200,083.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	12,193,531.				
	<b>c</b>	Gain or (loss)	<b>7c</b>	6,552.				
<b>d</b>	Net gain or (loss)			6,552.		6,552.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 3,890,635. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		333,909.				
			<b>b</b>	Less: direct expenses	<b>8b</b>	333,909.		
			<b>c</b>	Net income or (loss) from fundraising events		0.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
			<b>b</b>	Less: direct expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from gaming activities							
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>						
			<b>b</b>	Less: cost of goods sold	<b>10b</b>			
			<b>c</b>	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	<b>11 a</b>	ADMINISTRATIVE SERVICES	<b>Business Code</b>	900099	1,366,808.	1,366,808.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			1,366,808.			
<b>12</b>	<b>Total revenue.</b> See instructions			15,166,284.	1,516,461.	0.	746,097.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,656,968.	1,656,968.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	135,950.	135,950.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,498,821.	320,607.	777,366.	400,848.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	5,662,426.	4,435,872.	752,025.	474,529.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	129,753.	100,397.	14,593.	14,763.
<b>9</b> Other employee benefits .....	495,853.	388,877.	67,751.	39,225.
<b>10</b> Payroll taxes .....	370,735.	277,474.	55,771.	37,490.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	86,626.	2,385.	79,441.	4,800.
<b>c</b> Accounting .....	120,028.		120,028.	
<b>d</b> Lobbying .....	15,000.		15,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	292,374.			292,374.
<b>f</b> Investment management fees .....	33,206.		33,206.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	8,150,193.	7,299,613.	732,242.	118,338.
<b>12</b> Advertising and promotion .....	246,182.	357.	231,429.	14,396.
<b>13</b> Office expenses .....	284,265.	131,930.	104,035.	48,300.
<b>14</b> Information technology .....	597,391.	425,907.	80,015.	91,469.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,176,423.	909,244.	189,109.	78,070.
<b>17</b> Travel .....	467,925.	416,890.	20,711.	30,324.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	274,885.	35,275.	6,008.	233,602.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	38,192.	27,241.	7,611.	3,340.
<b>23</b> Insurance .....	172,786.	503.	172,283.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PRODUCTION COSTS</b> .....	2,515,267.	2,496,774.	18,493.	
<b>b</b> <b>EXCISE TAX</b> .....	153,365.		153,365.	
<b>c</b> <b>STAFF DEVELOPMENT</b> .....	33,132.	16,055.	15,910.	1,167.
<b>d</b> <b>PARTICIPANT PAYMENTS AN</b> .....	22,150.	22,150.		
<b>e</b> All other expenses .....	12,217.	1,123.	10,984.	110.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	24,642,113.	19,101,592.	3,657,376.	1,883,145.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,200,103.	<b>1</b>	1,105,319.		
	<b>2</b> Savings and temporary cash investments .....	13,145,021.	<b>2</b>	13,152,842.		
	<b>3</b> Pledges and grants receivable, net .....	26,178,370.	<b>3</b>	16,525,102.		
	<b>4</b> Accounts receivable, net .....	379,968.	<b>4</b>	355,195.		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	2,159,982.	<b>9</b>	1,115,011.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 11,514,019.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,560,656.	1,892,697.	<b>10c</b>	3,953,363.	
	<b>11</b> Investments - publicly traded securities .....	46,224,049.	<b>11</b>	47,890,878.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	351,886.	<b>12</b>	18,301.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	4,958,475.	<b>15</b>	80,984,753.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	100,490,551.	<b>16</b>	165,100,764.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,607,786.	<b>17</b>	6,513,751.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	8,014,454.	<b>19</b>	7,569,226.		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> 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 .....	4,228,753.	<b>25</b>	78,133,173.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	18,850,993.	<b>26</b>	92,216,150.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	60,164,196.	<b>27</b>	56,939,354.		
	<b>28</b> Net assets with donor restrictions .....	21,475,362.	<b>28</b>	15,945,260.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	81,639,558.	<b>32</b>	72,884,614.		
	<b>33</b> Total liabilities and net assets/fund balances .....	100,490,551.	<b>33</b>	165,100,764.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,166,284.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,642,113.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,475,829.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81,639,558.
5	Net unrealized gains (losses) on investments	5	743,107.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-22,222.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	72,884,614.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	33187796.	36850059.	67291090.	92400155.	12903726.	242632826
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	33187796.	36850059.	67291090.	92400155.	12903726.	242632826
<b>5</b> 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) .....						25924523.
<b>6 Public support.</b> Subtract line 5 from line 4.						216708303

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	33187796.	36850059.	67291090.	92400155.	12903726.	242632826
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	89,411.	40,054.	1053345.	2072356.	739,545.	3994711.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2737190.	2905754.	3235210.	3214646.	1366808.	13459608.
<b>11 Total support.</b> Add lines 7 through 10						260087145
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	821,237.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	83.32	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	82.68	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**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, LINE 10, EXPLANATION FOR OTHER INCOME:

ADMINISTRATIVE SERVICES

2019 AMOUNT: \$ 2,737,190.

2020 AMOUNT: \$ 2,905,754.

2021 AMOUNT: \$ 3,643,682.

2022 AMOUNT: \$ 3,519,646.

2023 AMOUNT: \$ 1,366,808.

LOSS ON LEASE EXIT ACTIVITY

2021 AMOUNT: \$ -408,472.

2022 AMOUNT: \$ -305,000.

PART III SECTION B LINE 14

THE 2023 FORM 990 REPRESENTS A SHORT YEAR RETURN COVERING THE PERIOD FROM OCTOBER 1, 2023 TO DECEMBER 31, 2023.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**CHILD MIND INSTITUTE, INC.**

Employer identification number

**80-0478843**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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), 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 ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>CHILD MIND INSTITUTE, INC.</b>	Employer identification number  <b>80-0478843</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>473,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,390,493.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>267,651.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>265,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CHILD MIND INSTITUTE, INC.</b>	Employer identification number  <b>80-0478843</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>CHILD MIND INSTITUTE, INC.</b>	Employer identification number  <b>80-0478843</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>CHILD MIND INSTITUTE, INC.</b>	Employer identification number <b>80-0478843</b>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	15,000.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	15,000.													
<b>d</b> Other exempt purpose expenditures .....	24,627,113.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	24,642,113.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
<b>c</b> Total lobbying expenditures			98,500.	15,000.	113,500.
<b>d</b> Grassroots nontaxable amount			250,000.	250,000.	500,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structure, and acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,948,547.	1,791,585.	2,072,177.	2,026,691.	2,039,434.
b Contributions					
c Net investment earnings, gains, and losses	123,649.	219,657.	-208,282.	204,766.	-12,743.
d Grants or scholarships					
e Other expenditures for facilities and programs	15,329.	62,695.	72,310.	159,280.	
f Administrative expenses					
g End of year balance	2,056,867.	1,948,547.	1,791,585.	2,072,177.	2,026,691.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 100 %
  - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,549,507.	5,121,359.	2,428,148.
d Equipment		3,964,512.	2,439,297.	1,525,215.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,953,363.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**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 AFFILIATED ENTITIES - NY PRACTICE (SEE SCHEDULE	
(2) R)	4,134,825.
(3) DUE FROM AFFILIATED ENTITIES - CA PRACTICE (SEE SCHEDULE	
(4) L PART V)	1,568,256.
(5) RIGHT OF USE ASSETS	75,173,380.
(6) SECURITY DEPOSIT	108,292.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	80,984,753.

**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) DUE TO AFFILIATED ENTITIES - NY	
(3) PRACTICE (SEE SCHEDULE R )	694,958.
(4) DUE TO AFFILIATED ENTITIES - CA	
(5) PRACTICE (SEE SCHEDULE L PART V)	303,761.
(6) LEASE LIABILITIES	77,134,454.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	78,133,173.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	21,163,592.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	743,107.	
	b Donated services and use of facilities	2b	5,287,407.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	6,030,514.	
3	Subtract line 2e from line 1		3	15,133,078.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,206.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	33,206.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	15,166,284.

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

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

1	Total expenses and losses per audited financial statements		1	29,918,536.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	5,287,407.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	22,222.	
	e Add lines 2a through 2d	2e	5,309,629.	
3	Subtract line 2e from line 1		3	24,608,907.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,206.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	33,206.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	24,642,113.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RESERVE OF CERTAIN CONTRIBUTIONS RECEIVABLE THAT WERE DETERMINED TO BE

UNCOLLECTIBLE FOR THE PERIOD FROM OCTOBER 1, 2023 TO

DECEMBER 31, 2023

22,222.

PART XI, LINE 2B

FOR THE PERIOD FROM OCTOBER 1, 2023 TO DECEMBER 31, 2023, CMI RECEIVED

DONATED LEGAL SERVICES TOTALING APPROXIMATELY \$28,000 AND DONATED

MANAGEMENT CONSULTING SERVICES OF APPROXIMATELY \$63,000. FOR THE PERIOD

FROM OCTOBER 1, 2023 TO DECEMBER 31, 2023, CMI ALSO RECEIVED APPROXIMATELY

\$5,197,000 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.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	27	PROGRAM SERVICES	TRAINING, RESEARCH, OUTREACH & EDUCATION	476,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	FUNDRAISING		22,000.
SOUTH AMERICA	0	3	PROGRAM SERVICES	TRAINING	80,000.
NORTH AMERICA	0	8	PROGRAM SERVICES	TRAINING, RESEARCH, OUTREACH & EDUCATION	184,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAINING	27,000.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	PRODUCT DEVELOPMENT	2,750,000.
<b>3 a</b> Subtotal .....	0	40			3,539,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	0	40			3,539,000.

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

Schedule F (Form 990) 2023





Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EVENT ASSOCIATES, INC. - 162 WEST 56TH STREET #405, NEW	BENEFIT DINNER		X	4,224,544.	75,000.	4,149,544.
COMMUNITY COUNSELING SERVICE - 527 MADISON AVENUE, 5TH	FUNDRAISING CONSULTING		X	0.	154,374.	-154,374.
GURA ASSOCIATES LTD - 505 WEST END AVENUE, NEW YORK, NY	FUNDRAISING CONSULTING		X	0.	30,000.	-30,000.
M&R STRATEGIC SERVICES - 1101 17 STREET NW, SUITE 301,	FUNDRAISING CONSULTING		X	0.	33,000.	-33,000.
<b>Total</b>				4,224,544.	292,374.	3,932,170.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, DC, FL, GA, MI, IL, KS, KY, ME, MD, MI, MN, MS, NV, NH, NJ, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, NY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BENEFIT DINNER (event type)	(event type)	1 (total number)	
Revenue	1	Gross receipts	4,224,544.		4,224,544.
	2	Less: Contributions	3,890,635.		3,890,635.
	3	Gross income (line 1 minus line 2)	333,909.		333,909.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	333,909.		333,909.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			333,909.
	11	Net income summary. Subtract line 10 from line 3, column (d)			0.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: EVENT ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: 162 WEST 56TH STREET #405, NEW YORK, NY 10019

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE

(I) ADDRESS OF FUNDRAISER:

527 MADISON AVENUE, 5TH FLOOR, NEW YORK, NY 10022

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: GURA ASSOCIATES LTD

(I) ADDRESS OF FUNDRAISER: 505 WEST END AVENUE, NEW YORK, NY 10024

(I) NAME OF FUNDRAISER: M&R STRATEGIC SERVICES

(I) ADDRESS OF FUNDRAISER:

1101 17 STREET NW, SUITE 301, WASHINGTON, DC 20036

PART I, LINE 2B, COLUMN (V):

THE AMOUNT PAID TO THE PROFESSIONAL FUNDRAISER, EVENT ASSOCIATES, INC., REPRESENTS FEES PAID FOR THE PLANNING OF CMI'S 2023 ANNUAL BENEFIT DINNER.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CMMP, PC 2000 ALAMEDA DE LAS PULGAS SAN MATEO, CA 94403	83-3175060		184,962.	0.	FMV		TO SUPPORT INFRASTRUCTURE PROJECTS
CMMP, PLLC 215 EAST 50TH STREET NEW YORK, NY 10022	27-3037790	501C3	1,292,262.	0.	FMV		TO SUPPORT OFFICE MOVE AND INFRASTRUCTURE PROJECTS
NEW YORK UNIVERSITY 105 E. 17TH STREET, 3RD FLOOR NEW YORK, NY 10003	13-5562308	501C3	5,842.	0.	FMV		RESEARCH SUBAWARD
NYU SCHOOL OF MEDICINE 1 PARK AVE, 11TH FLOOR NEW YORK, NY 10016	13-5562309	501C3	7,364.	0.	FMV		RESEARCH SUBAWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10920 WILSHIRE BLVD, SUITE 600 - LOS ANGELES, CA 90024	95-6006143	501C3	13,845.	0.	FMV		RESEARCH SUBAWARD
WEILL MEDICAL COLLEGE OF CORNELL 575 LEXINGTON AVE, 9TH FL NEW YORK, NY 10022	13-1623978	501C3	12,656.	0.	FMV		RESEARCH SUBAWARD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10.
- 3** Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER, INC. - 707 N BROADWAY - MARYLAND, MD 21205	52-1524967	501C3	23,996.	0.	FMV		RESEARCH SUBAWARD
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501C3	76,459.	0.	FMV		RESEARCH SUBAWARD
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK - 230 WEST 41ST STREET - NEW YORK, NY 10036	13-1988190	501C3	10,973.	0.	FMV		RESEARCH SUBAWARD
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501C3	10,000.	0.	FMV		SCIENTIFIC RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, P221 FRANKLIN B PHILADELPHIA, PA 19104	23-1352685	501C3	18,609.	0.	FMV		RESEARCH SUBAWARD

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AID PROGRAM	155	135,950.	0.		

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

**PART I, LINE 2:**

CHILD MIND INSTITUTE, INC. ("CMI") RAISED FUNDS, THROUGH ITS WEST COAST CAMPAIGN, FOR COSTS RELATED TO THE ESTABLISHMENT OF CHILD MIND MEDICAL PRACTICE, PC (THE "CA PRACTICE"). CMI ALSO ENTERED INTO A RESTRICTED GRANT AGREEMENT WITH THE CA PRACTICE UP TO THE AGGREGATE AMOUNT OF \$5,000,000. ON A MONTHLY BASIS, CMI REVIEWS THE OPERATING PERFORMANCE AND FINANCIAL RESULTS OF THE CA PRACTICE IN ACCORDANCE WITH THE TERMS OF THE RESTRICTED GRANT AGREEMENT BETWEEN CMI AND THE CA PRACTICE.

**Part IV** Supplemental Information

ALSO FOR THE PERIOD OCTOBER 1, 2023 TO DECEMBER 31, 2023, CMI GRANTED \$184,962 TO THE CA PRACTICE TO SUPPORT INFRASTRUCTURE PROJECTS. FOR THE PERIOD OCTOBER 1, 2023 TO DECEMBER 31, 2023, CMI GRANTED \$1,292,262 TO THE CHILD MIND MEDICAL PRACTICE, PLLC (THE "NY PRACTICE") TO SUPPORT INFRASTRUCTURE PROJECTS AND MOVING EXPENSES.

CMI MONITORS COMPLIANCE WITH 2 CFR PART 200 WHENEVER PASSING THROUGH FEDERAL FUNDS TO A SUBRECIPIENT. THE CMI SPONSORED PROGRAMS OFFICE DETERMINES POTENTIAL RISK AFTER REVIEW OF THE SUBRECIPIENT'S SAM.GOV REGISTRATION AND MOST RECENT SINGLE AUDIT AND THEN PROCEEDS WITH APPROVAL OF THE DETAIL BUDGET AND NARRATIVE JUSTIFICATION AS PART OF THE INITIAL AGREEMENT AND ANNUAL AMENDMENTS AS APPLICABLE. PRIOR TO PAYMENT, THE PROJECT PRINCIPAL INVESTIGATOR (OR DESIGNEE) REVIEWS INVOICES TO CONFIRM DELIVERABLES ARE BEING MET FOLLOWED BY THE SPONSORED PROGRAMS OFFICE AUDITING FOR COMPLIANCE WITH THE APPROVED BUDGET AND RATES. WHEN CMI SERVES AS THE PASS THROUGH ENTITY FOR NON-FEDERAL FUNDS, SUBRECIPIENT MONITORING CONFORMS WITH THE UNDERLYING TERMS AND CONDITIONS FOR EACH SPONSOR.

PART III, LINE 1A

CMI CONTRIBUTES TO A FINANCIAL AID PROGRAM THAT OFFERS ELIGIBLE FAMILIES A FEE DISCOUNT FOR DIAGNOSTIC EVALUATIONS AND ONGOING TREATMENT FOR CHILDREN WITH MENTAL HEALTH DISORDERS. THE PROGRAM IS DESIGNED TO ALLOW PATIENTS FROM LOW-INCOME FAMILIES TO QUALIFY, WHILE ALSO ACCOMMODATING MIDDLE-INCOME FAMILIES WHO FACE OTHER FINANCIAL STRAINS. FOR THE PERIOD OCTOBER 1, 2023 TO DECEMBER 31, 2023, CMI CONTRIBUTED \$135,950 TO THE FINANCIAL AID PROGRAM, BENEFITING 155 PATIENTS.

**Part IV** Supplemental Information

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**CHILD MIND INSTITUTE, INC.**

Employer identification number

**80-0478843**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use              |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence              |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees                |
| <input type="checkbox"/> Discretionary spending account                       | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		<input checked="" type="checkbox"/>
<b>2</b>	<input checked="" type="checkbox"/>	
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2023

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HAROLD KOPLEWICZ, MD PRESIDENT	(i)	569,765.	1,000,000.	24,435.	843,005.	47,303.	2,484,508.	0.
	(ii)	488,474.	0.	0.	0.	0.	488,474.	0.
(2) MARY CORCORAN EXECUTIVE DIRECTOR	(i)	443,134.	100,000.	4,504.	10,000.	39,555.	597,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL MILHAM VP, RESEARCH	(i)	424,810.	100,000.	4,914.	10,000.	8,647.	548,371.	0.
	(ii)	34,683.	0.	0.	0.	0.	34,683.	0.
(4) GIOVANNI SALUM VP, GLOBAL PROGRAMS	(i)	361,117.	0.	0.	0.	35,024.	396,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARYANA GELLER CHIEF FINANCIAL OFFICER	(i)	293,969.	0.	2,826.	10,000.	55,738.	362,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEFFREY CHAPMAN VP, MARKETING & COMMUNICATIONS	(i)	301,727.	0.	0.	10,000.	44,972.	356,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARAH BURKE VP, STRATEGIC INITIATIVES	(i)	254,894.	53,558.	0.	18,952.	22,052.	349,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMIE CLANCY CHIEF ADMINISTRATIVE OFFICER	(i)	306,170.	0.	0.	10,000.	10,614.	326,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ADRIANA DI MARTINO SENIOR RESEARCH SCIENTIST	(i)	296,376.	0.	0.	10,000.	14,893.	321,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVID ANDERSON VP, SCHOOL & COMMUNITY PROGRAMS	(i)	227,688.	0.	4,250.	10,000.	18,223.	260,161.	0.
	(ii)	57,865.	0.	0.	0.	0.	57,865.	0.
(11) KATHLEYA CHOTIROS GENERAL COUNSEL	(i)	204,170.	0.	0.	10,000.	26,802.	240,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**PART I, LINE 1A:**

MARY CORCORAN, EXECUTIVE DIRECTOR, MICHAEL MILHAM, VP RESEARCH, MARYANA GELLER, CFO, AND DAVID ANDERSON, VP SCHOOL & COMMUNITY PROGRAMS, RECEIVED FINANCIAL PLANNING SERVICES PAID BY CMI. THIS BENEFIT WAS GROSSED-UP BY CMI TO COVER EMPLOYEE PAYROLL TAXES AND TREATED AS TAXABLE COMPENSATION FOR EACH INDIVIDUAL.

**PART I, LINE 1B:**

THE PRESIDENT DETERMINED THAT CMI WOULD PROVIDE FINANCIAL PLANNING BENEFITS AFTER REVIEWING THE PLAN'S SERVICES AND COSTS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVED FINANCIAL PLANNING BENEFITS FOR HAROLD KOPLEWICZ, MD, PRESIDENT, AS AGREED UPON IN HIS EMPLOYMENT AGREEMENT.

**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 TO THREE YEARS BY AN INDEPENDENT CONSULTANT, QUALIFIED TO REVIEW

**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.

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.

**PART I, LINE 4B:**

HAROLD KOPLWICZ, MD, PRESIDENT, PARTICIPATES IN A 457(F) PLAN AS AGREED UPON IN HIS EMPLOYMENT AGREEMENT. IN 2023, CMI CONTRIBUTED \$67,530 TO THE PLAN. CONTRIBUTIONS FROM CMI FULLY VEST AFTER ONE YEAR.

**PART I, LINE 7:**

DURING THE REPORTING PERIOD, PERFORMANCE BONUSES WERE PROVIDED TO CERTAIN EMPLOYEES, AS INCLUDED IN PART II, COLUMN (B)(II) OF SCHEDULE J. THE

**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.

PERFORMANCE BONUS TO THE PRESIDENT WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE PERFORMANCE BONUSES TO OTHER EMPLOYEES WERE APPROVED BY THE PRESIDENT.

CERTAIN CLINICIANS, INCLUDING THE PRESIDENT OF CMI, PROVIDING SERVICES TO PATIENTS OF THE RELATED ORGANIZATION ARE ELIGIBLE TO RECEIVE VARIABLE PAY OR INCENTIVES. PAYMENT OF SUCH REWARDS IS CONDITIONED ON THE ACHIEVEMENT OF FINANCIAL TARGETS RELATING TO COLLECTIONS FOR SERVICES. THE AMOUNTS PAID REPRESENT ONLY A LIMITED PORTION OF THE TOTAL COLLECTED; THE REMAINDER ENSURES THAT THE RELATED ORGANIZATION ACHIEVES A LEVEL OF REVENUE THAT WILL SUPPORT ITS OPERATIONS AND INVEST IN ENHANCING ITS OPERATIONS AND MEASURING PATIENT OUTCOMES.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

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

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

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

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

Total ..... \$

**Part III Grants or Assistance Benefiting Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHILD MIND MEDICAL PRACT	SEE PART V	0.	SEE PART V		X
(2) HAROLD KOPEWICZ, MD	SEE PART V	0.	SEE PART V		X
(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: HAROLD KOPEWICZ, MD

(B) ENTITIES: CHILD MIND MEDICAL PRACTICE, PC (THE "CA PRACTICE")

(C) RELATIONSHIP: HAROLD KOPEWICZ, MD, PRESIDENT OF CHILD MIND

INSTITUTE, INC. ("CMI"), IS ALSO THE SOLE SHAREHOLDER OF THE CA

PRACTICE. THE CA PRACTICE WAS FORMED TO PROVIDE CLINICAL CARE AND

TREATMENT TO CHILDREN AND ADOLESCENTS, 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 CA PRACTICE. IN FURTHERANCE OF CMI'S MISSION,

TO PROTECT CMI'S INTERESTS, TO SUPPORT CLINICAL ACTIVITIES CONDUCTED BY

THE CA PRACTICE, AND TO COMPLY WITH THE FOREGOING OWNERSHIP

REQUIREMENT, DR. KOPEWICZ, A PHYSICIAN LICENSED IN NEW YORK AND

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

CALIFORNIA, IS THE SOLE SHAREHOLDER OF THE CA PRACTICE. 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 AGREEMENT. TO FACILITATE THE FORMATION OF THE CA PRACTICE AND THE CONDUCT BY THE CA PRACTICE OF CLINICAL ACTIVITIES THAT FURTHER CMI'S MISSION, CMI ENTERED INTO A RESTRICTED GRANT AGREEMENT WITH THE CA PRACTICE, PURSUANT TO WHICH CMI AGREED TO MAKE SPECIAL PURPOSE RESTRICTED GRANTS UP TO THE AGGREGATE AMOUNT OF \$5,000,000. IN ADDITION, CMI RAISED FUNDS FOR THE CA PRACTICE THROUGH ITS WEST COAST CAMPAIGN. THE RESTRICTED GRANT AGREEMENT PROVIDES, AMONG OTHER THINGS, THAT: (X) THE CA PRACTICE IS REQUIRED TO OPERATE IN A MANNER THAT IS, AND LIMITS ITS ACTIVITIES TO THOSE THAT ARE, CONSISTENT WITH AND FURTHER THE MISSION OF CMI; (Y) THE GRANTS MUST BE USED BY THE CA PRACTICE EXCLUSIVELY IN CONNECTION WITH THE CONDUCT OF ACTIVITIES THAT FURTHER AND SUPPORT CMI'S MISSION; AND (Z) THE CA PRACTICE MUST OBSERVE VARIOUS REPORTING, BUDGETARY, AND OTHER FINANCIAL REQUIREMENTS AND ENGAGE AUDITORS ACCEPTABLE TO CMI.

IF THE CA PRACTICE FAILS TO OBSERVE THE REQUIREMENTS OF THE RESTRICTED GRANT AGREEMENT, THE AGREEMENT MAY BE TERMINATED, IN WHICH CASE UNSPENT FUNDS MUST BE RETURNED TO CMI AND DAMAGES MAY BE DUE.

(3) SERVICES AGREEMENT. PURSUANT TO A MANAGEMENT SERVICES AGREEMENT BETWEEN CMI AND THE CA PRACTICE, CMI PROVIDES CERTAIN SERVICES TO THE

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

CA PRACTICE, FOR WHICH THE CA PRACTICE COMPENSATES CMI. CONSISTENT WITH CMI'S INTERNAL POLICIES AND PROCEDURES, THIS COMPENSATION IS BASED ON THE ACTUAL COST OF PROVIDING THE SERVICES. THE CA PRACTICE'S PAYMENT OBLIGATIONS TO CMI FOR SERVICES PROVIDED UNDER THIS SERVICES AGREEMENT IS CURRENTLY REFLECTED AS A RECEIVABLE ON CMI'S FINANCIAL STATEMENTS IN THE AMOUNT OF \$ 1,568,256, AS REFLECTED IN PART X OF THIS FORM 990.

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

(5) GRANT SERVICES AGREEMENT. PURSUANT TO A GRANT SERVICES AGREEMENT BETWEEN CMI AND THE CA PRACTICE, CMI ENGAGES THE CA PRACTICE TO PROVIDE CERTAIN SERVICES REQUIRED BY CONTRIBUTIONS OR GRANTS THAT CMI HAS RECEIVED AND WHICH CMI IS UNABLE TO PROVIDE. CMI DISCLOSES TO ITS DONORS AND GRANTORS THAT SERVICES WILL BE SUB-CONTRACTED TO THE CA PRACTICE TO SATISFY THE REQUIREMENTS OF THE DONATION OR GRANT. FOR THE PERIOD OCTOBER 1, 2023 TO DECEMBER 31, 2023, AMOUNTS PAID TO THE CA PRACTICE PURSUANT TO THE GRANT SERVICES AGREEMENT IN PERFORMANCE OF THESE REQUIREMENTS AMOUNTED TO \$149,132, INCLUDED UNDER OTHER FEES FOR SERVICES EXPENSES IN PART IX OF THIS FORM 990.

(6) BOARD OVERSIGHT OF RELATIONSHIP AND TRANSACTIONS:

AS NOTED ABOVE, DR. KOPLEWICZ IS THE PRESIDENT OF CMI AND THE SOLE

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SHAREHOLDER OF THE CA PRACTICE. ACCORDINGLY, THE TRANSACTIONS BETWEEN  
CMI 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 BETWEEN CMI AND THE CA PRACTICE IN ACCORDANCE  
WITH CMI'S CONFLICT OF INTEREST AND DISCLOSURE POLICY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	323,920.	COMPARABLE SALES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

**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.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT NOTED REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

CMI RECEIVES DONATED SECURITIES THROUGH A THIRD PARTY, WHICH IN TURN SELLS THE SECURITIES AND CONVERTS THEM TO CASH PROCEEDS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CHILD MIND INSTITUTE, INC.

Employer identification number

80-0478843

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE CHILD MIND INSTITUTE IS DEDICATED TO TRANSFORMING THE LIVES OF CHILDREN AND FAMILIES STRUGGLING WITH MENTAL HEALTH AND LEARNING DISORDERS BY GIVING THEM THE HELP THEY NEED TO THRIVE. WE'VE BECOME THE LEADING INDEPENDENT NON-PROFIT IN CHILDREN'S MENTAL HEALTH BY PROVIDING GOLD-STANDARD EVIDENCE-BASED CARE, DELIVERING EDUCATIONAL RESOURCES TO MILLIONS OF FAMILIES EACH YEAR, TRAINING EDUCATORS IN UNDERSERVED COMMUNITIES, AND DEVELOPING TOMORROW'S BREAKTHROUGH TREATMENTS.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

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.

SCHOOL AND COMMUNITY PROGRAMS- THE CHILD MIND INSTITUTE'S SCHOOL AND COMMUNITY PROGRAMS DELIVER MENTAL HEALTH SUPPORT TO STUDENTS, CAREGIVERS, EDUCATORS, AND SCHOOL-BASED MENTAL HEALTH PROFESSIONALS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

BREAKING DOWN BARRIERS TO CARE, OUR PROGRAMS BRING A SUITE OF EVIDENCE-BASED SERVICES TO PREVENT AND TREAT STUDENT MENTAL HEALTH DISORDERS IN SCHOOL AND COMMUNITY SETTINGS, INCLUDING A K-12 MENTAL HEALTH SKILL-BUILDING CURRICULUM, WORKSHOPS FOR CAREGIVERS, PROFESSIONAL DEVELOPMENT FOR EDUCATORS, AND EVIDENCE-BASED TREATMENT DELIVERED IN SCHOOL OR COMMUNITY SETTINGS TO CHILDREN AND TEENS STRUGGLING WITH POSTTRAUMATIC STRESS, BEHAVIOR, ATTENTIONAL, MOOD, OR LEARNING DISORDERS. OUR TEAM ALSO PROVIDES VIRTUAL AND IN-PERSON TRAINING TO SCHOOL DISTRICTS AND COMMUNITY ORGANIZATIONS IN NEW YORK, SAN FRANCISCO BAY AREA, AND SCHOOL DISTRICTS ACROSS THE UNITED STATES, LAYING THE GROUNDWORK FOR SUSTAINABLE CAPACITY BUILDING AND ONGOING SUPPORT IN DISTRICTS WHERE MENTAL HEALTH SERVICES MAY BE LESS AVAILABLE OR MORE DIFFICULT TO ACCESS.

POSITIVE PARENTING, THRIVING KIDS (PPTK) BETWEEN DECEMBER 2022 AND FEBRUARY 2024, THE CHILD MIND INSTITUTE CONDUCTED FOUNDATIONAL RESEARCH, DEVELOPED CURRICULAR CONTENT, BUILT CREATIVE CONCEPTS, DEVELOPED A PROMOTIONAL PLAN, AND FINISHED PREPRODUCTION ON POSITIVE PARENTING, THRIVING KIDS (PPTK). DEVELOPED IN PARTNERSHIP WITH CALIFORNIA'S DEPARTMENT OF HEALTH CARE SERVICES (DHCS), THIS FREE, 20-TOPIC VIDEO SERIES WAS DESIGNED TO EQUIP CAREGIVERS WITH EVIDENCE-BASED STRATEGIES ACROSS FOUR MAJOR AREAS: SELF-CARE AND PARENT-CHILD RELATIONSHIPS, HEALTHY CHILD AND ADOLESCENT GROWTH, BIG CHANGES AND CHALLENGES, AND FAMILY AND COMMUNITY STRESS. CREATED IN BOTH ENGLISH AND SPANISH, THE VIDEOS TAKE THE FORM OF MINI-DOCUMENTARIES, INCLUDING INTERVIEWS WITH REAL FAMILIES AND EXPERTS, AND ARE ACCOMPANIED BY LEARNING GUIDES AND A CURATED SET OF ADDITIONAL RESOURCES. ALL MATERIALS LAUNCHED ON MARCH 1, 2024,

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

SUPPORTED BY A PROMOTIONAL PLAN AND MULTI-STAGE IMPACT-ASSESSMENT RESEARCH, AND ARE AVAILABLE AT [CHILD MIND.ORG/POSITIVEPARENTING](http://CHILD MIND.ORG/POSITIVEPARENTING).

HEALTHY MINDS, THRIVING KIDS PRE-K (HMTK PRE-K) BETWEEN JUNE 2023 AND MARCH 2024, THE CHILD MIND INSTITUTE DEVELOPED CURRICULAR CONTENT, BUILT CREATIVE CONCEPTS, DEVELOPED A PROMOTIONAL PLAN, AND BEGAN PREPRODUCTION ON HEALTHY MINDS, THRIVING KIDS PRE-K (HMTK PRE-K) IN PARTNERSHIP WITH THE OHIO CHILD CARE RESOURCE AND REFERRAL ASSOCIATION (OCCRA). THIS PROJECT FOLLOWS UP ON THE ORIGINAL CALIFORNIA HEALTHY MINDS, THRIVING KIDS SERIES FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL, BY PROVIDING FREE, EVIDENCE-BASED VIDEOS ON FIVE TOPICS TO HELP CHILDREN AGES 3-5 NAVIGATE THEIR EMOTIONS, FOSTER IMPORTANT COMMUNICATION SKILLS, AND BUILD HEALTHY RELATIONSHIPS. CREATED IN ENGLISH AND SPANISH, THE VIDEOS TRANSPORT CHILDREN TO AN IMAGINARY WORLD CALLED "HEDGEHOG LAND," WHERE THEY MEET HEDGEHOGS DEALING WITH RELATABLE PROBLEMS AND REINFORCE KEY MESSAGES THROUGH ORIGINAL SONGS. ALL MATERIALS LAUNCHED ON APRIL 2, 2024, SUPPORTED BY A PROMOTIONAL PLAN AND MULTI-STAGE IMPACT-ASSESSMENT RESEARCH, AND ARE AVAILABLE AT [CHILD MIND.ORG/HEALTHYMINDSPREK](http://CHILD MIND.ORG/HEALTHYMINDSPREK).

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
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

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

GLOBAL SCIENTIFIC COMMUNITY. THIS HELPS TO FOSTER COLLABORATIONS THAT CAN TEST, IMPROVE UPON, AND ADOPT INNOVATIVE OPEN SOLUTIONS FOR THE BENEFIT OF EVERY CHILD.

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.

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) AND OTHER OPEN DATA SETS AND PIPELINES, WHICH HAVE SERVED AS FLAGSHIPS FOR OPEN SCIENCE IN THE BRAIN IMAGING COMMUNITY. COLLECTIVELY, THESE RESOURCES HAVE LED TO MORE THAN 3,000 PAPERS FROM RESEARCHERS AROUND THE GLOBE USING DATA FROM CMI INITIATIVES. IT IS ESTIMATED THAT REUSE OF THIS DATA HAS SAVED THE FIELD \$3-5 BILLION, COMPARED TO IF EACH STUDY WAS REQUIRED TO GENERATE THE DATA INDEPENDENTLY.

COMPUTATIONAL NEUROIMAGING LABORATORY - ACCELERATING THE PACE OF

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

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.

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

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

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.

NEXT-GENERATION DIGITAL TOOLS

THE PROGRESS FROM THE PROGRAMS ABOVE HAS FUELED A PORTFOLIO OF NEXT-GENERATION DIGITAL THERAPEUTICS. THE CHILD MIND INSTITUTE IS DEVELOPING A SUITE OF DIGITAL SOLUTIONS TO SUPPORT ACCESSIBLE, REMOTELY DELIVERED, CLINICALLY VALIDATED CHILD AND ADOLESCENT BEHAVIORAL THERAPEUTICS. THIS SUITE WILL CONTINUE TO ACCELERATE OUR GOALS TO PROVIDE EVIDENCE-BASED ASSESSMENTS AND INTERVENTIONS AT SCALE, WHILE COLLECTING STRUCTURED RESEARCH DATA THAT WILL BE USED IN PURSUIT OF MAKING TOOLS AND DATA FREELY AVAILABLE TO THE GLOBAL SCIENTIFIC COMMUNITY.

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

Name of the organization CHILD MIND INSTITUTE, INC.	Employer identification number 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. NOTABLY, 67% OF AUTISM RELATED RESTING STATE FMRI STUDIES OVER THE PAST TEN YEARS HAVE USED DATA FROM THIS DATASET. THESE LEARNINGS AND COLLABORATIONS HAVE PROPELLED THE FIELD FORWARD, DRIVING ADVANCES IN PIPELINE OPTIMIZATION FOR DISORDER CLASSIFICATION, CONSIDERATION OF PSYCHIATRIC COMORBIDITY, AND NEUROSUBTYPING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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 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.

GRANTS TO CA PRACTICE - IN ORDER TO PROVIDE A NEW LEVEL OF

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

COMPASSIONATE, EVIDENCE-BASED CARE TO SAN FRANCISCO BAY AREA FAMILIES, THE CHILD MIND INSTITUTE PROVIDES GRANT SUPPORT TO THE CHILD MIND MEDICAL PRACTICE, PC. THIS GRANT SUPPORT FACILITATED THE FORMATION OF THE CA PRACTICE AND CONTINUES TO SUPPORT ITS CONDUCT OF CLINICAL AND COMMUNITY-BASED ACTIVITIES THAT FURTHER CMI'S MISSION. THE CLINICIANS IN SAN MATEO DIAGNOSED AND TREATED PATIENTS, LAUNCHED INNOVATIVE GROUP PROGRAMS, AND BUILT ON OUR PARTNERSHIPS WITH LOCAL SCHOOLS AND COMMUNITY ORGANIZATIONS.

ADMINISTRATIVE SUPPORT - IN ADDITION, PURSUANT TO SERVICES AGREEMENTS, THE CHILD MIND INSTITUTE PROVIDES ADMINISTRATIVE SUPPORT AND SERVICES TO THE CHILD MIND MEDICAL PRACTICE, PLLC IN NEW YORK, NY AND THE CHILD MIND MEDICAL PRACTICE, PC IN SAN MATEO, CA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
CHILD AND ADOLESCENT MENTAL HEALTH INITIATIVE

THE CHILD AND ADOLESCENT MENTAL HEALTH INITIATIVE IS A PROGRAM TO HELP ENHANCE CHILD AND ADOLESCENT MENTAL HEALTH CARE CAPACITY AND STRENGTHEN THE INFRASTRUCTURE FOR THE PREVENTION, ASSESSMENT, AND TREATMENT OF MENTAL HEALTH STRUGGLES FACED BY CHILDREN AND ADOLESCENTS IN GREECE. THIS IS A NATIONWIDE "TRAIN-THE-TRAINER" PROGRAM THAT WILL BE SUPPLEMENTED BY FREE RESOURCES FOR HEALTHCARE PROFESSIONALS AND THE GENERAL PUBLIC.

SNF GLOBAL CENTER  
THE CHILD MIND INSTITUTE IS WORKING TO ACCELERATE GLOBAL COLLABORATION ON UNDER-RESEARCHED AREAS OF CHILDREN'S MENTAL HEALTH AND EXPAND

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

WORLDWIDE ACCESS TO CULTURALLY APPROPRIATE TRAINING, RESOURCES, AND TREATMENT. THE SNF GLOBAL CENTER SUPPORTS SIX INTERCONNECTED INITIATIVES TO COMBAT THE FOUR GREATEST BARRIERS TO CARE: LIMITED ACCESS TO EVIDENCE-BASED SERVICES, PROVIDER SHORTAGES, LACK OF INFORMATION, AND STIGMA.

THE YOUTH MENTAL HEALTH ACADEMY (YMHA)  
 THE YOUTH MENTAL HEALTH ACADEMY (YMHA) IS A 14-MONTH COMMUNITY-BASED PROGRAM FOR STUDENTS FROM STRUCTURALLY MARGINALIZED COMMUNITIES IN CALIFORNIA. YMHA PROVIDES HANDS-ON LEARNING IN MENTAL HEALTH SCIENCE, PRACTICE, AND COMMUNICATIONS. BETWEEN OCTOBER 2022 AND SEPTEMBER 2023, THE CHILD MIND INSTITUTE DEVELOPED THE PROGRAM AND ENROLLED THE FIRST COHORT, WHO COMPLETED A PILOT SUMMER ACADEMY AND PARTICIPATED IN WORKSHOPS AND EVENTS THROUGHOUT THE ACADEMIC YEAR.  
 EXPENSES \$ 1,735,482. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIPS:

- A) PHYLLIS GREEN AND RANDOLPH COWEN ARE HUSBAND AND WIFE
- B) CHRISTINE AND RICHARD MACK ARE HUSBAND AND WIFE
- C) BROOKE GARBER NEIDICH AND DANIEL NEIDICH ARE HUSBAND AND WIFE
- D) PREETHI KRISHNA AND RAM SUNDARAM ARE HUSBAND AND WIFE
- E) JORDAN SCHAPS AND JIL SCHAPS ARE HUSBAND AND WIFE
- F) ZIBBY OWENS IS THE STEP-DAUGHTER OF HOWARD KATZ
- G) LISA AND GUY METCALFE ARE HUSBAND AND WIFE

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

CMI'S FORM 990 IS PREPARED BY AN OUTSIDE TAX PREPARER BASED ON INFORMATION

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

PROVIDED 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.

FORM 990, PART VI, SECTION B, LINE 12C:

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 15:

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 TO THREE 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.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
 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

FORM 990, PART VI, SECTION C, LINE 19:  
 AVAILABILITY OF ORGANIZATIONAL DOCUMENTS:  
 CMI'S ANNUAL REPORTS, FORMS 990, AND AUDITED FINANCIAL STATEMENTS ARE  
 AVAILABLE ON ITS WEBSITE. THESE DOCUMENTS, AS WELL AS CMI'S GOVERNING  
 DOCUMENTS AND CONFLICT OF INTEREST AND DISCLOSURE POLICY, ARE ALSO  
 AVAILABLE UPON REQUEST.

FORM 990, PART VI SECTION B, LINE 15B  
 THE COMPENSATION OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM  
 990 IS REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR (OR THE PRESIDENT,  
 IN THE CASE OF THE EXECUTIVE DIRECTOR) WITH THE ASSISTANCE OF STAFF IN  
 CONJUNCTION WITH THE INDIVIDUAL'S PERFORMANCE DURING THE YEAR AND IS  
 BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT COMPENSATION  
 IS REASONABLE. EVERY TWO TO THREE YEARS, CMI ENGAGES AN INDEPENDENT  
 CONSULTANT TO CONDUCT A REVIEW OF CMI'S PAY PRACTICES AND TO ESTABLISH  
 SALARY RANGES FOR 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 IX, LINE 11G, OTHER FEES:  
 OTHER PROFESSIONAL FEES:  
 PROGRAM SERVICE EXPENSES 759,534.

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

MANAGEMENT AND GENERAL EXPENSES	540,588.
---------------------------------	----------

FUNDRAISING EXPENSES	36,797.
----------------------	---------

TOTAL EXPENSES	1,336,919.
----------------	------------

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	5,452,236.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	119,170.
---------------------------------	----------

FUNDRAISING EXPENSES	76,741.
----------------------	---------

TOTAL EXPENSES	5,648,147.
----------------	------------

SUBCONTRACTING FEES FROM AFFILIATED ENTITIES:

PROGRAM SERVICE EXPENSES	1,087,573.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	16,092.
---------------------------------	---------

FUNDRAISING EXPENSES	4,800.
----------------------	--------

TOTAL EXPENSES	1,108,465.
----------------	------------

PAYROLL AND BENEFITS PROCESSING FEES:

PROGRAM SERVICE EXPENSES	270.
--------------------------	------

MANAGEMENT AND GENERAL EXPENSES	56,392.
---------------------------------	---------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	56,662.
----------------	---------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,150,193.
--	------------

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT EXPENSE	-22,222.
------------------	----------

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHILD MIND MEDICAL PRACTICE, PLLC - 27-3037790, 101 EAST 56TH STREET, NEW YORK, NY 10022	CHILDREN'S MENTAL HEALTH	NEW YORK	501(C)(3)	LINE 10	N/A		<b>X</b>

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R PART V

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 CHILD MIND MEDICAL PRACTICE, PLLC (THE "NY PRACTICE"). IN FURTHERANCE OF CMI'S MISSION, TO PROTECT CMI'S INTERESTS, TO SUPPORT CLINICAL AND RESEARCH ACTIVITIES CONDUCTED BY THE PRACTICE, AND TO COMPLY WITH THE FOREGOING OWNERSHIP REQUIREMENT, DR. KOPLEWICZ, A PHYSICIAN LICENSED IN NEW YORK AND CALIFORNIA, IS THE SOLE MEMBER OF THE NY PRACTICE.

(2) 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 MEMBER HAS ENTERED INTO A BUY-SELL AGREEMENT WITH THE NY PRACTICE PURSUANT TO WHICH HE HAS AGREED NOT TO SELL HIS INTERESTS TO ANY PARTY OTHER THAN THE NY PRACTICE, WHICH MAY RE-PURCHASE HIS INTERESTS FOR AN AMOUNT NOT TO EXCEED THE NOMINAL AMOUNT THAT THE MEMBER 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 NY PRACTICE OR OTHER PRIVATE PERSON, AND IF THE NY PRACTICE IS EVER DISSOLVED, ITS ASSETS AND PROPERTY MUST BE

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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 MEMBER HAVE ALSO ENTERED INTO AN AFFILIATION AGREEMENT PROVIDING THAT THE MEMBER HOLDS HIS 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.

(3) RESTRICTED GRANT AGREEMENT. TO FACILITATE THE FORMATION OF THE NY PRACTICE AND THE CONDUCT BY THE PRACTICE OF CLINICAL AND RESEARCH ACTIVITIES THAT FURTHER CMI'S MISSION, CMI ENTERED INTO A RESTRICTED GRANT AGREEMENT WITH THE NY PRACTICE PURSUANT TO WHICH CMI AGREED TO MAKE SPECIAL PURPOSE RESTRICTED GRANTS UP TO THE AGGREGATE AMOUNT OF \$2,440,000. THE AGREEMENT WAS AMENDED TO ALLOW FOR FURTHER GRANTS FOR EXPENSES RELATED TO THE RELOCATION OF CMMP'S NY HEADQUARTERS (APPROX. \$5,000,000) AND CERTAIN INFRASTRUCTURE UPGRADES (\$752,000). THE RESTRICTED GRANT AGREEMENT PROVIDES, AMONG OTHER THINGS, THAT: (X) THE NY PRACTICE IS REQUIRED TO OPERATE IN A MANNER THAT IS, AND LIMITS ITS ACTIVITIES TO THOSE THAT ARE, CONSISTENT WITH AND FURTHER THE MISSION OF CMI; (Y) THE GRANTS MUST BE USED BY THE NY PRACTICE EXCLUSIVELY IN CONNECTION WITH THE CONDUCT OF ACTIVITIES THAT FURTHER AND SUPPORT CMI'S MISSION; AND (Z) THE NY PRACTICE MUST OBSERVE VARIOUS REPORTING, BUDGETARY AND OTHER FINANCIAL REQUIREMENTS AND ENGAGE AUDITORS ACCEPTABLE TO CMI.

IF THE NY PRACTICE FAILS TO OBSERVE THE REQUIREMENTS OF THE RESTRICTED GRANT AGREEMENT, THE AGREEMENT MAY BE TERMINATED, IN WHICH CASE UNSPENT FUNDS MUST BE RETURNED TO CMI AND DAMAGES MAY BE DUE.

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(4) SERVICES AGREEMENT. PURSUANT TO AN ADMINISTRATIVE SERVICES AGREEMENT BETWEEN CMI AND THE NY PRACTICE, CMI PROVIDES CERTAIN SERVICES TO THE NY PRACTICE FOR WHICH THE NY PRACTICE COMPENSATES CMI. ACCORDINGLY, THE TRANSACTIONS BETWEEN CMI AND THE NY PRACTICE, INCLUDING THE AGREEMENT 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 BETWEEN CMI AND THE NY PRACTICE IN ACCORDANCE WITH CMI'S CONFLICT OF INTEREST AND DISCLOSURE POLICY.