

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2012

Open to Public Inspection

Inter	nal Reven	ue Service	I ne organization may have to use a copy of this feturn to satisfy state repoi	nıng requiremer	its.	
Α	For the	e 2012 calenda	ar year, or tax year beginning $06/01/12$, and ending $05/31/1$	3	•	
В		applicable	C Name of organization		D Emplo	yer Identification number
	Address					
	Name ch	ange	CHILD DEVELOPEMENT RESEARCH INC.		23	-7148183
П	Initial reti	· -		Room/suite		none number
П	Terminat	ed	108 E. 86TH STREET			2-996-0050
П	Amended	d return	City or town, state or country, and ZIP + 4			Exemption
Ħ		on pending	NEW YORK NY 10028		Numb	. '
G		nting Method	Cash X Accrual Other (specify) ▶	H Chec		if the organization is not
1		•	.CDRCHILDSURVIVOR.COM			ch Schedule B
J		empt status (che		 ·)-EZ, or 990-PF)
K	Check		organization is not a section 509(a)(3) supporting organization or a section 527 organ			
			O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard		_	•
			ses to file a return, be sure to file a complete return	,,, 20	(JJJ	
L	-		to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (f	Part II		
			y) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	47,999
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se	ee the instruc	tions for l	
			the organization used Schedule O to respond to any question in this Par			X
	1		ifts, grants, and similar amounts received		1	47,417
	2	-	ce revenue including government fees and contracts		2	
	3	-	lues and assessments		3	
	4	Investment inc			4	579
	5a		t from sale of assets other than inventory 5a		3	
	b		other basis and sales expenses 5b		- 1	
	c	Gain or (loss) fro		3		
/ 2 0 2014 Revenue	6	Gaming and fu	"	<u> </u>		
20 e	a	-				
۵ يا تا	"	\$15,000)	from gaming (attach Schedule G if greater than			
⊗ §	h		from fundraising events (not including \$ of contribution	26		
≥ "	"		ng events reported on line 1) (attach Schedule G if the	13		
MAY			ross income and contributions exceeds \$15,000) 6b			
	c	_	repenses from gaming and fundraising events 6c		\dashv]	
<u>u</u>	ď		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract	·	-	
SCANNED	"	line 6c)	tions in the daming and indicating events tadd lines of and obtained subtract		6d	
	72	•	f inventory, less returns and allowances		100	
	b	Less cost of g			┤ :]	
હાછ	1	_	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		e (describe in Schedule O)		8	
	9				▶ 9	47,999
	10		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 milar amounts paid (list in Schedule O) to or for members or compensation, and employee benefits these and other payments to independent contractors MAY 0, 5, 20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1		10	11,555
	11		o or for members		11	
	12	•	o or for members r compensation, and employee benefits	7	12	
Expenses	13		ees and other payments to independent contractors	/	13	38,729
Jen	14		ent, utilities, and maintenance		14	30,123
Ä	15		cations, postage, and shipping		15	·····
	16	_	es (describe in Schedule O)		16	9,179
	17	•	co or for members or compensation, and employee benefits bees and other payments to independent contractors of the contractors, and maintenance cations, postage, and shipping bes (describe in Schedule O) es. Add lines 10 through 16		17	47,908
	18		ficit) for the year (Subtract line 17 from line 9)		18	91
ets	19		fund balances at beginning of year (from line 27, column (A)) (must agree with		10	
Net Assets			jure reported on prior year's return)		19	26,184
et A	20	, -	s in net assets or fund balances (explain in Schedule O)		20	20,104
ž	21	-	fund balances at end of year Combine lines 18 through 20		► 20 21	26,275
					1	40,410

Form 990-EZ (2012) CHILD DEVELOPEMENT RE	ESEARCH IN	IC. 23-7	148183		Page 2
Part II Balance Sheets (see the instructions for P	art II)				
Check if the organization used Schedule O to	o respond to any	question in this Part	II		
•			eginning of year		(B) End of year
22 Cash, savings, and investments			26,184	22	26,275
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			26,184	25	26,275
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	e with line 21)		26,184	27	26,275
Part III Statement of Program Service Accomp		e the instructions for		=	Expenses
Check if the organization used Schedule O to	•		· —	(Re	equired for section
What is the organization's primary exempt purpose?			···	1 `	(c)(3) and 501(c)(4)
STUDY WORLD WAR II PSYCHOLOGICAL EFFECTS AND OBTAI	N TESTIMONY				anizations and section
Describe the organization's program service accomplishments for ea		st program services		_	7(a)(1) trusts, optional
as measured by expenses in a clear and concise manner, describe	=	· -			others)
persons benefited, and other relevant information for each program t				101	otileis j
		· · · · · · · · · · · · · · · · · · ·		т	
STUDY THE WAR'S TRAUMATIC PSYCHOLOGICAL EFFECTS	ON THE				
SURVIVORS AND TO HAVE TESTIMONY FOR HISTORY			, 🗂		42 705
(Grants \$) If this amount includes for	oreign grants, chec	k here	P	28a	43,785
29					
(Grants \$) If this amount includes for	oreign grants, chec	k here	<u> </u>	29a	
30					
(Grants \$) If this amount includes for	oreign grants, chec	k here	•	30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes for	oreign grants, chec	k here	▶ □	31a	
32 Total program service expenses (add lines 28a through 31a)				32	43,785
Part IV List of Officers, Directors, Trustees, and Key E	mployeesList each	one even if not comper	sated (see the ins	truction	s for Part IV)
Check if the organization used Schedule O to respo	(b) Average	(c) Reportable	(d) Heath ben	efits	
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to e benefit plans,	mployee	
	devoted to position	(If not paid, enter -0-)	deferred compe	nsation	other compensation
JANET KESTENBERG AMIGHI					
PRESIDENT	1.00	((0
EVA FOGELMAN					
V. PRESIDENT	0.50	(C	0
HELENE BASS WICHELHAUS					
TREASURER	1.00			C	0
MARK SOSSIN					
SECRETARY	0.00			C	0
DICKETTEL TO THE PARTY OF THE P	0.00		'		,
	 		 		
	İ				
			 		
			1		
			<u> </u>		
					1

Did the organization angage in any significant activity not previously reported to the IRSP (If Yes, provide a delated discription of each activity in Schedule O. 34. Were any significant changes made to the organization of previously reported to the IRSP (If Yes, provide a delated discription of each activity in Schedule O. 34. Were any significant changes made to the organization of governing documents? If Yes, "associal conformed copy of the amended documents in thry reflect a change to the organization of the manner of the organization in the conformation on Schedule O (see instructions). 3a Did the organization have unrelated business gross accome of 51,000 or more during the year from husiness archivets (put as those reported on lines 2, 62, and 78, among others)? 3b Uf Yes, 10 med 53, has the organization field a form 600-ff for the year? If Yes, "organization subject to section 6003(e) notice, resporting, and promy fax renurements during the year? If Yes," complete sphilosofte parts of Schedule N. 3c Enter amount of political separations during the year? If Yes, "complete sphilosofte parts of Schedule N. 3c Enter amount or political expendiculars, direct or individual, and the properties of the organization or political expendiculars, direct or individual amount involved. 3c Enter amount or political expendiculars, direct or individual amount involved. 3c Enter amount or political expendicular in an extensive the companization of the first parts of Schedule N. Pin II and enter the total amount involved. 3c Enter amount or individual amount involved. 3c Enter amount or individual amount involved. 3c Entering Schedule, Pin II and enter the total amount involved. 3c Entering Schedule Schedule, Pin II and enter the total amount involved. 3c Entering Schedule, Pin II and enter the total amount involved. 3c Entering Schedule, Pin II and enter the total amount in since any such total schedule. 3c Entering Schedule, Pin II and entering the total amount in since any size of the properties of the	Form	990-EZ (2012) CHILD DEVELOPEMENT RESEARCH INC. 23-7148183		Р.	age 3
33 Did the organization engage in any significant activity not previously reported to the IRSP If "Yes," provide a detailed description of each activity in Schedule O 14 Were any significant changes made to the organization of governing documents? If "Yes," attach a conformed copy of the semended documents of they reflect a change to the organization name Otherwise, explain the change on Schedule O (see matricitions). 34 Did the organization have unrelated business gross sociene of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 35 If "Yes," to live \$5s, this the organization fines a Form 990 Tr in by year? If "Yes," to live \$5s, this the organization shaped to section 903(s) notice, reporting, and proxy list requirements during the year? If "Yes," complete Schedule C, Part III 18. The provided of the organization independent of political expenditures, develor or whore, as described in the instructions. 36 Did the organization independ guidation, dissolution, transmotion, or specificant disposition of net assets undirectly and the organization business of the part of the organization shaped to section 903(s) notice. 37 If "Enter amount of political expenditures, develor or whore, as described in the instructions. 38 Did the organization business of pull the provision of the save and the provision of the provision of the provision of the provision	Pa ——			l 1	
delated description of each actively in Schedule O Were any significant changes made to the organization's name. Otherwise, explain the change os Discretulo (See instructions) 33		•		Yes	_No
34 Were any significant changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization name Otherwise, explain the change on Schedule O (see matrixitions). 35 Did the organization have unrefladed business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 35 If "Yes," to line 35s, his the organization field business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 35 If "Yes," to line 35s, his the organization field business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 36 If "Yes," complete applicable parts of Schedule O ("Yes the organization in Schedule O ("Yes the organization undergo a laquidation, dissolution, termation, or significant disposition of all assets the organization of polluted expenditures, street or inflict, as described in the instructions ■ 37a 37b 37c 3	33	· · · · · · · · · · · · · · · · · · ·	33		Х
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule () (see instructions) 33a Did the organization have unrelated business grass morom of \$1,000 or more during the year from business activities (such as those reported in lines 2, 6s, and 7s, among others?) b if "Ves," to lare 35a, has the organization field a form 990.1 for the year? If "No," provide an explaination in Schedule O 75b Did when the organization is section \$51(c)(4), 691(c)(6), 501(c)(6), 501(c	34				
change on Scheduled () (see instructions) 3	•				
35a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b (1*Yes): to line 35a, has the urganization filed a Form 990-T for the year? If *\%0,* provide an explanation in Schedulo O vis the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section \$033(e) notice, reporting, and drowly tax requirements during the year? If *\%0,* provide an explanation in Schedulo O 35b 35b			34		Х
activities (such as those reported on lines 2, 6s, and 7s, among othern)? b if "Yes," is time 35s, has the organization float of prom 95nT for the year? if "No", provide an explanation on Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements duming the year? if "Yes," complete Schedule C, Part III Did the organization indegral and injudiation, dissolution, lemmation, or significant disposition of heir assetts druming the year? If "Yes," complete applicable parts of Schedule N The Comparisation floating and productures, direct or indirect, as described in the instructions 37a 37a 37b 37c 37a 37b	35a				
b If "Yes," to line 35a, has the organization filed a Form 1994-T for the year? If "No," provide an explanation in Schedule Q 35b			35a		Х
c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If *Yes,** complete Schedule N. 37a	b		35b		
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35. Did the organization undergo a liquidation, dissolution, fermination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36. Did the organization the Form 1120-POL for this year? 37. Did the organization the Form 1120-POL for this year? 38. Did the organization the Form 1120-POL for this year? 38. Did the organization the Form 1120-POL for this year? 38. Did the organization the Form year and still clustanding at the end of the tax year covered by this return? 38. Did the organization before year and still clustanding at the end of the tax year covered by this return? 38. Did the organization before year and still clustanding at the end of the tax year covered by this return? 38. Did the organization before year and still clustanding at the end of the tax year covered by this return? 38. Did the organization before year and still clustanding at the end of the tax year covered by this return? 38. Did the organization before year and still clustanding at the end of the tax year covered by this return? 38. Did the organization before year and still clusted on line 9, for public use of club facilities 39. Did the organization before year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization 4958 Section 501(c)(3) and 501(c)(4) organizations between the organization engage in any section 4958 cesses benefit transaction with year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40. Did the organization managers or disqualified persons during the year organization and prior year that has not been reported on any of its prior Form 890-EZ? If "Yes," complete Schedule L, Part I 40. Did the organizations All any time during the clearing at the case of the complete organization and the country of the organization org					
35 Did the organization undergo a liquidation, dissolution, permination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule 3. 37b Did the organization file Form 1120-PCL for this year? 37b Did the organization file Form 1120-PCL for this year? 37b Did the organization form from, or make any locans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38c Did the organization form from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38c Did the organization form from the host and still outstanding at the end of the tax year covered by this return? 38c Did the organization from the host and still outstanding at the end of the tax year covered by this return? 38c Did the organization from the host and still outstanding at the end of the tax year covered by this return? 38c Did the organization from the host and still outstanding at the end of the tax year covered by this return? 38c Did the organization from the host and still outstanding at the end of the tax year covered by this return. 38c Did the organization from the host and still outstanding at the end of the tax year covered by the organizations. Enter amound to tax mose and the organization of organization organization organization organization managers or disqualified persons during the year under sections 4912. 40b Did the organization from the during the tax year, was the organization a party to a prohibited tax sheller transcition? If "Yes," complete form 8868-T 40c Lust the states with which a copy of this return is flied ▶ All any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial Account? 40c Lust the states with which a copy of this return is flied ▶ All a	_		35c		Х
adung the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36				
37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-PDL for this year? 38a Did the organization file Form 1120-PDL for this year? 38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b Did The organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b Did The organization Enter amount of tax imposed on the organization during the year under section 401 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 401 (c)(4) organizations. But the organization engage in any section 4958 excess benefit transaction during the year of did engage in an excess benefit transaction during the year of did engage in an excess benefit transaction during the year of did engage in an excess benefit transaction during the year of did engage in an excess benefit transaction and part of the prior transaction? (c)(4) organizations Enter amount of tax miposed on organization managers or disquilitied persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 400 reimbursor organization and the prior transaction? (f) (f)(6) and f) (f)(6) organizations benefit transaction in a profession of the prior transaction? (f)(6) and f) (f)(6) organizations benefit transaction organization and prior transaction? (f)(6) organization and f) (f) (f) (f) organization benefit transaction? (f)			36		Х
b Did the organization file Form 1120-POLTor this year? 38a Did the organization borrow from, remke any losins to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? bit "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 50(10(7)) organizations Enter initiation fees and capital contributions included on line 9 39a Section 490 (10(3)) and 501(10(3)) and 501(10(4)) organizations. Enter amount of tax imposed on the organization during the year under section 4911	37a				
38a Dit the organization borrow from, or make any loans to, any officer, director, fusite, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule I, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶			37b		Х
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter a institution fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities 39b Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4915 ▶ Section 501(c)(3) and 501(c)(4) organizations but the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction any of its prior forms 900 or 990-EZP if Yes; complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed ▶ The organizations books are in care of ▶ HELENE BASS-WICHELHAUS Telephone no 21.2 - 996 - 0.0 21.2 - 996 - 0.0 To see Bast Form STREET Located at ▶ NBW YORK At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foregin country (such as a bank account, securities account, or other financial account?) If "Yes," enter the name of the foregin country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed		·			
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) arganizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4911 C section 4911 ► section 4911 C section 4912 ► section 4911 ► section 591(c)(4) organizations bit in the organization in a prior year that has not been reported on any of its prior forms 990 or 990-E27 if "Yes," complete Schedule L, Part I			38a		Х
39 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►	b			-	
a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, 6, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶			1		
b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of unity they error forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 40c 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 10 EAST 6ETH STREET Located of ■ New York At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, secunities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Account in a foreign country ▶ Section 4950 A large that the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b If the organization		1 I	[Ī
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the foreign country organization for the organization of the foreign country organization for organization for organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reminusted by the organization. All organizations. All organizations. All organizations. All organizations. All organizations. All organizations which a copy of this return is filed. ▶ 100 EAST 86TH STREET 100 Located at ▶ NEW YORK 100 EAST 86TH STREET 100 Located at ▶ NEW YORK 110 Yes, "enter the name of the foreign country by See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Account. 101 At any time during the calendar year, did the organization maintain an office outside the U S ? 11 "Yes," enter the name of the foreign country. ▶ 102 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 103 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of fax-exempt interest received or accrued during the tax year. 104 The organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 104 The organization organization organization file organization maintain any foreign country. ▶ 105 The organization organization organization file or indoor tanning services during the year? If "Yes," Form 990 must be completed	_	·			Ì
section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ section 4916 Note organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction of uring the year, or did it engage in an excess benefit transaction of 150 year organization and organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T. List the states with which a copy of this return is filed ▶ NY The organization's books are in care of ▶ HELENE BASS-WICHELHAUS Telephone no ▶ 212 – 996 – 00 108 EAST 86TH STREET Located at ▶ NEW YORK At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foregin country ▶ Yes See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain any office outside the U S ? If "			1	i	[
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E22 if "Yes," complete Schedule L, Part 1 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed ▶ NY The organizations books are in care of ▶ HELENE BASS-WICHELHAUS Telephone no ▶ 212 - 996 - 0.00 108 BAST 86TH STREET Located al ▶ NEW YORK NY ZIP + 4 ▶ 10 0 28 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country y (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country y See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country y See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country y See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42b Just the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization orgerial en or more hospital facilities during the ye				1 1	}
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E22 if "Yes," complete Schedule L, Part 1 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed ▶ NY The organizations books are in care of ▶ HELENE BASS-WICHELHAUS Telephone no ▶ 212 - 996 - 0.00 108 BAST 86TH STREET Located al ▶ NEW YORK NY ZIP + 4 ▶ 10 0 28 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country y (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country y See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country y See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country y See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42b Just the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization orgerial en or more hospital facilities during the ye	b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
reported on any of its pnor Forms 990 or 990-EZ if "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 1 List the states with which a copy of this return is filed 1 NY 1 The organization's books are in care of 1 HELENE BASS-WICHELHAUS 1 The organization's books are in care of 1 HELENE BASS-WICHELHAUS 1 The organization's books are in care of 1 NY 2 IP + 4 1 0 0 28 1 A any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 2 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the view year? If "Yes," enter the name of the foreign country. 2 Obd the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44a Under the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T. List the states with which a copy of this return is filed ▶ NY 108 East* seth STREET Located at ▶ NEW YORK b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ⟨ such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44b Ut the organization receive any payment			40b		X
organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T 1. List the states with which a copy of this return is filed ▶ NY 1. NY 1. NY 2. The organization's books are in care of ▶ HELENE BASS-WICHELHAUS 1. Dia BAST 86TH STREET 1. Located at ▶ NEW YORK 2. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account), securities account, or other financial account)? 1. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 2. At any time during the calendar year, did the organization maintain an office outside the U S? 1. If "Yes," enter the name of the foreign country ▶ 2. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 2. At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 2. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 2. Did the organization persite one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 2. Did the organization receive any payments for indoor tanning services during the year? 2. If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 3. At any time during the calendar year, and the programization have a controlled entity wit	С				
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filled NY 100 EAST 86TH STREET Located at New York b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, secunties account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44b					
reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed NY 108 EAST 86TH STREET Located at NEW YORK BASS-WICHELHAUS Telephone no 212-996-00 108 EAST 86TH STREET Located at NEW YORK NY ZIP + 4 10028 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country. 3 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor lanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44b List the completed instead of Form 990-EZ Did the organization have a controlled entity within the meaning of section 512(b)(13)? If the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		4955, and 4958			,
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Lust the states with which a copy of this return is filed ▶ NY 108 EAST 86TH STREET Located at ▶ NEW YORK b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44b Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Hat a located at the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filled NY The organization's books are in care of HELENE BASS-WICHELHAUS Telephone no 212-996-00 108 EAST 86TH STREET Located at NEW YORK NY ZIP+4 10028 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 10 the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		reimbursed by the organization			ŀ
List the states with which a copy of this return is filed NY The organization's books are in care of HELENE BASS-WICHELHAUS Telephone no 212-996-00 108 EAST 86TH STREET Located at NEW YORK NY ZIP + 4 10028 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? c Did the organization in Schedule O 44b	е	· · ·	}		
The organization's books are in care of HELENE BASS-WICHELHAUS Telephone no 108 EAST 86TH STREET Located at New YORK At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes Utility the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? 44a		transaction? If "Yes," complete Form 8886-T	40e		X
Located at New York At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d	41	List the states with which a copy of this return is filled ▶ NY			
Located at New York At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44b Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45c Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	42a	The organization's books are in care of ▶ HELENE BASS-WICHELHAUS Telephone no ▶ 212	2-99	6-0	050
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes Und the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		Located at ▶ NEW YORK NY ZIP + 4 ▶ 100	028		
If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country." ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		,			Ė
At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes Und the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Jid the organization have a controlled entity within the meaning of section 512(b)(13)? Jid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		and Financial Accounts.			
A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	С		42c		X
Ada Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					. –
A4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	43				▶∟
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		and enter the amount of tax-exempt interest received or accrued during the tax year			Γ.
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	44a				ļ ,,
completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		·	44a	ļ-—	X
c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	b	• • •	1	\	1
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		·		ļ	X
explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	С		44c	ļ	Х
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	d		1444		
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		·		 	-
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		45a	 	X
	45b			1	
Form 990-EZ (see instructions) 45b		meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of]
		Form 990-EZ (see instructions)	45b	<u></u> _	X

orm 9	990-EZ (2012) CHILD DEVELOPEMENT R	ESEARCH IN	$\frac{10.}{23-11}$	48183			age 4
46	Did the organization engage, directly or indirectly, in political of	campaign activities o	n behalf of or in opposition	on.		Yes	No
	to candidates for public office? If "Yes," complete Schedule C				46		х
Pai	rt VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must ans			nplete the tables for li	nes		
	50 and 51 Check if the organization used Schedule O	to respond to any	guestion in this Part	VI			
47	Did the organization engage in lobbying activities or have a si			·		Yes	No
47 ,	year? If "Yes," complete Schedule C, Part II	ection 30 t(n) election	in in ellect during the tax		47		х
48	Is the organization a school as described in section 170(b)(1)				48		X
49a	Did the organization make any transfers to an exempt non-ch		nization?		49a		X
b	If "Yes," was the related organization a section 527 organizat		() - · () - · · £6 · · · · · · · · · · ·		49b		<u> </u>
50	Complete this table for the organization's five highest comper employees) who each received more than \$100,000 of compe						
	employees) who each received more than \$100,000 or comp	(b) Average	(c) Reportable	(d) Health benefits,		-	
	(a) Name and title of each employee paid more than \$100,000	hours per week devoted to position	compensation	contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NC	ONE						
							
f	Total number of other employees paid over \$100,000		<u> </u>	<u> </u>			
51	Complete this table for the organization's five highest comper \$100,000 of compensation from the organization. If there is no	nsated independent o	contractors who each rec	eived more than			
	(a) Name and address of each independent contractor paid more		(b) Typ	e of service	(c) Compe	nsation	
NOI	NE						
							
						_	
d	Total number of other independent contractors each receiving	g over \$100,000	>				
52	Did the organization complete Schedule A? Note All section		ons and 4947(a)(1)		<u>चि</u>	\Box	
	nonexempt charitable trusts must attach a completed Schedu			- the best of an income de-	X Yes		No
Under true, c	r penalties of perjury, I declare that I have examined this return, includ correct, and complete Declaration of preparer (other than officer) is ba	ing accompanying scre ased on all information of	edules and statements, and t of which preparer has any kr	owledge	and belief, it is	•	
	Thus Pertonber	(leston	/	4/29/14			
Sign	1 7/7 1 1/2/2/26	~ // A no	Di Di	ate			
Here	Type or print name and title	9 1111	19UI 1 CS	1 day VI			—
	Print/Type preparer's name P	reparer's signature		Date	PTIN	I	
Paid		Kelin	1 Drown	Check 01/30/14 self-er		04077	4
	PREDERICK J PAGANI & WYLAM PAGANI & WYLAM	- raun		01/20/14 Sell-er	23-26	04937 684	
	Only Firm's address 136 N CHURCH ST						-: -
	WEST CHESTER, PA			Phone no 6	10-436	-81	.00
May	the IRS discuss this return with the preparer shown above? S	ee instructions				es	No
					Form 99	0-EZ	(2012

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

_		-	CHIL	D DEVELO	PEMENT RESEARCH	INC.				23-	-7148	8183		
P	art I	Reas	on for Pu	blic Charity S	Status (All organizations	must co	mplete t	hıs paı	t) See	instru	ıctions			
he	orgar	nization is not	a private fou	indation because	it is (For lines 1 through 11, che	eck only o	ne box)							
1		A church, cor	nvention of c	hurches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school desc	cribed in se d	ction 170(b)(1)(A	N)(ii).(Attach Schedule E)									
3		A hospital or	a cooperativ	e hospital service	e organization described in sect	ion 170(b)(1)(A)(iii)).						
4		A medical res	earch organ	nization operated	in conjunction with a hospital de	scribed in	section 1	170(b)(1)(A)(iii).	Enter th	ne hospi	tal's name,		
		city, and state	•											
5		An organizati	on operated	for the benefit of	a college or university owned or	r operated	by a gove	ernmenta	al unit de	scribed	ın			
		section 170(b)(1)(A)(iv)	.(Complete Part I	I)									
6		A federal, sta	te, or local g	overnment or go	vernmental unit described in see	ction 170	b)(1)(A)(v	v).						
7	X	An organizati	on that nom	nally receives a si	ubstantial part of its support fron	n a govern	mental un	ut or fror	n the ge	neral pu	iblic			
	_	described in s	section 170)(b)(1)(A)(vi). (Co	mplete Part II)									
8		A community	trust descri	bed in section 1 7	70(b)(1)(A)(vi).(Complete Part I	1)								
9		•			more than 33 1/3% of its suppo						_			
		receipts from	activities re	lated to its exemp	ot functions—subject to certain e	exceptions	, and (2) n	o more	han 33	1/3% of	ıts			
		• •	•		f unrelated business taxable inco			11 tax) fr	om busi	nesses				
		. ,	•		, 1975 See section 509(a)(2) . (-							
10		•	•		xclusively to test for public safety	-	-							
11	Ш				xclusively for the benefit of, to pe									
					d organizations described in sec						tion			
					e type of supporting organization				_					
	\Box	a Type		Type II	c Type III—Functions			d				onally integr	ated	
е	Ш				nization is not controlled directly									
				nagers and other	than one or more publicly support	oried orga	nizations (Jescribe	u III SECI	1011 309	(a)(1)			
		or section 509		ad a written deter	mination from the IRS that it is a	Tuna I Ti	me II or T	Tuna III s	unnortin					
f		organization,			mination from the INS that it is a	iype i, i j	/pe ii, or i	ype in s	upportii	y		•		
_					on accepted any gift or contribut	ion from a	ny of the							Ш
g		following per	_	as the organization	on accepted any gire of contribut		ily of the							
				v or indirectly cor	ntrols, either alone or together w	ith nerson	s describe	ed in (ii) :	and				Yes	No
				•	supported organization?	iii personi	o deconibe	, a (, .				11g(1
		, ,	· -	a person describe	=							11g(-
				•	escribed in (i) or (ii) above?							11g(1
h		` '			e supported organization(s)							(**3)	<u>/1</u>	!
) Nam	e of supported		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did	ou notify	(vi)	ls the	(vii) Amou	nt of mor	netary
•		janization		• •	(described on lines 1–9	1	sted in your		ization in	organizat			pport	·
					above or IRC section (see instructions)	governing	document?		of your oort?		zed in the S?			
					(ace manuchona)	Yes	No	Yes	No	Yes	No			
A)]								
-											<u> </u>			
B)														
							<u> </u>					_		
C)														
D)						-	ļ							
_						_	ļ				\vdash			
E)						1								
						+		 		-				
			I		I .	I	1	ł	ł	ł	1 1			

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

<u> </u>	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		624	544	12,167	47,417	60,752
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		624	544	12,167	47,417	60,752
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						_
6	Public support, Subtract line 5 from line 4		_				60,752
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		624	544	12,167	47,417	60,752
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,290	1,078	1,030	855	579	4,832
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						65,584
12	Gross receipts from related activities, etc. (see instructions)				12	579
13	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourth	n, or fifth tax year a	is a section 501(c)(3)	
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su		-			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2012 (line 6,	column (f) divided b	y line 11, column (f))		14	92 63 %
15	Public support percentage from 2011 Schei					15	87.50 %
16a	33 1/3% support test-2012. If the organi	zation did not check	the box on line 13	, and line 14 is 33	1/3% or more, ched	ck this	
	box and stop here. The organization qualif						► X
b	33 1/3% support test—2011. If the organi				s 33 1/3% or more		
	check this box and stop here. The organiz						▶ ∟
17a	10%-facts-and-circumstances test—20	12. If the organizatio	n did not check a b	oox on line 13, 16a,	, or 16b, and line 14	l is	
	10% or more, and if the organization meets	the "facts-and-circi	umstances" test, ch	neck this box and s	top here. Explain	n	
	Part IV how the organization meets the "fac	ts-and-circumstanc	es" test. The organ	nzation qualifies as	a publicly supporte	ed	, ,-
	organization						▶ _
b	10%-facts-and-circumstances test—20					ne	
	15 is 10% or more, and if the organization r						
	Explain in Part IV how the organization med	ets the "facts-and-ci	rcumstances" test	The organization of	qualifies as a public	ly	
	supported organization						▶ [
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	Instructions						 -

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	1	10000		, , , , , , , , , , , , , , , , , , ,		
Cale	ndar year (or fiscal year beginning in)▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
¢	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)					<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	▶ 🗌
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2012 (line 8,	column (f) divided l	y line 13, column	(f))		15	%
<u> 16</u>	Public support percentage from 2011 Sche	dule A, Part III, line	15			16	%
<u>Sec</u>	tion D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2012 (lii	ne 10c, column (f) d	livided by line 13, c	olumn (f))		17	%_
18	Investment income percentage from 2011	Schedule A, Part III	, line 17			_18	%_
19a	33 1/3% support tests—2012.If the organ						
	17 is not more than 33 1/3%, check this bo	-					
b	33 1/3% support tests—2011.If the organ						. []
••	line 18 is not more than 33 1/3%, check this		-				
20	Private foundation. If the organization did	not check a box or	i line 14. 19a. or 19	ib, check this box a	ind see instructions	3	▶

Schedule A (Form 990 or 990-EZ) 2012 CHILD DEVELOPEMENT RESEARCH INC.

23-7148183

Page 4

Part IV

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

• `			
1/20/2014 3:24 PM	\$ 2,417 \$ 45,000 \$ 47,417	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
CHILDDEV CHILD DEVELOPEMENT RESEARCH INC. 23-7148183 FYE: 5/31/2013	Schedule A, Part II, Line 1(e) Description	Schedule A, Part II, Line 12 Description	
CHILDDEV CHILD DEVELOPE 23-7148183 FYE: 5/31/2013	TOTAL	TD BANK MORGAN STANLEY TOTAL	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

CHILD DEVELOPEMENT RESEARCH INC

Employer identification number 23 - 7148183

FORM 990-EZ, PART I, LINE 16 - OTHER EXPE	enses
DESCRIPTION	MOUNT
EXPENSES	
ADVERTISING \$	303
OFFICE \$	1,055
WEB SITE COSTS \$	875
INSURANCE \$	1,840
CONFERENCES/MEETINGS \$	5,056
DONATIONS \$	50
TOTAL \$	9,179

CHILDDEV CHILD DEVELOPEMENT RESEARCH INC. 23-7148183 FYE: 5/31/2013

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

	Gain / Loss	m	W	
	Depreciation	w	8	
	Cost & Expense	·o	\$	
	Sale Price	en vo	- w	
	Date Sold			
	Date Acquired			
Description	Whom Sold			
	How Received	MORGAN STANLEY	TOTAL	